

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND INCREASES OF O. C. C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUN 8 3 50 PM '67

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator BRONCO OIL CORPORATION	
Address P. O. Box 5114, Midland, Texas	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Recompletion in same zone, new potential test for allowable increase, and change in well classification from gas to oil well
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

Lease Name E. C. Hill		Well No. 2	Pool Name, Including Formation Undesignated (Blinebry)	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>J</u> ; 1980 Feet From The <u>East</u> Line and 1980 Feet From The <u>South</u> Line of Section <u>27</u> Township <u>23-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County					

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Company		Address (Give address to which approved copy of this form is to be sent) Wilco Building, Midland, Texas				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas		Address (Give address to which approved copy of this form is to be sent) Jal, New Mexico				
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 27	Twp. 23-S	Rge. 37-E	Is gas actually connected? no	When Est. 4 weeks.

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover X	Deepen	Plug Back X	Same Res'v. X	Diff. Res'v.
Date Spudded 5-29-67	Date Compl. Ready to Prod. 5-30-67	Total Depth 9780'		P.B.T.D. 5630'					
Elevations (DF, RKB, RT, GR, etc.) 3280 GL	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5370'		Tubing Depth 5300'					
Perforations 19 holes from 5377' to 5618'				Depth Casing Shoe 6623'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17"	13 3/8"		307'		349				
12 1/2"	9 5/8"		2869'		1300				
8 3/4"	7"		9779'		1175				
7"	4 1/2"		6623'		450				

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 5-30-67	Date of Test 5-31-67	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 150	Casing Pressure 550	Choke Size 32/64"
Actual Prod. During Test 257.00	Oil-Bbls. 78.65	Water-Bbls. 178.35	Gas-MCF 684.0

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Mark Curry
(Signature)
Exec. Vice President
(Title)
6-1-67
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Leslie A. Clements
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.