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| | GAS |
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator
Bronco Oil Corporation
Address
P. O. Box 5114, Midland, Texas
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|--|-----------|
| Lease Name Hill "B" | Well No. 3 | Pool Name, Including Formation Teague Blinebry | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter K ; 2310 Feet From The South Line and 1650 Feet From The West Line of Section 27 Township 23-S Range 37-E, NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|---|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Unknown at present <i>Termian Corp</i> | Address (Give address to which approved copy of this form is to be sent) <i>Midland, Tex</i> | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | Twp. | Rge. |
| | Is gas actually connected? When | |

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

IV. COMPLETION DATA

| | | | | | | | | |
|---|--|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded 12-5-67 | Date Compl. Ready to Prod. 1-2-68 | | Total Depth 6007' | | P.B.T.D. 5953' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3294.7 GL | Name of Producing Formation Blinebry | | Top Oil/Gas Pay 5698' | | Tubing Depth 5800' | | | |
| Perforations 5864' - 5698' | | | | | Depth Casing Shoe 6007' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12-1/4" | 9-5/8" 29# | | 1053' | | 500 | | | |
| 8-3/4" | 7" 23# & 26# | | 6007' | | 550 | | | |
| | 2-3/8" EUE | | 5800' | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 1-2-68 | Date of Test 1-3-68 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 22 hr. | Tubing Pressure 350 | Casing Pressure 0 | Choke Size 20/64" |
| Actual Prod. During Test 410.7 | Oil-Bbls. 387 | Water-Bbls. 23.7 | Gas-MCF 587 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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.

Alvin M. Cady
(Signature)
Vice President
(Title)
8 January 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY *Frederick*
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.