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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89
See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TRANSPORT OIL AND NATURAL GAS

	I	UINA	IIVOI	On	<i>71</i> L	/((1)	0.0.0	Well A	PI No.				
perator Earl R. Bruno	30-025-11696												
ddress	. –												
P.O. Box 590, Midlan	d, Texas	s 7970	2			Other	(Please explai	n)					
eason(s) for Filing (Check proper box)		Change in	Transt	porter of:									
ew Well	Oil		Dry C										
ecompletion	Casinghead		•	ensate [	]								
change of operator give name													
d address of previous operator						<u> </u>					•		
. DESCRIPTION OF WELL	DESCRIPTION OF WELL AND LEASE					a Formation	Kind o	Kind of Lease Leas					
ease Name	Well No. Pool Name, Includin 2 Langlie-Ma					-ON-GB	XSXXXX	XXXXX Federal OX Rep X LC 032					
Carlson A													
Unit Letter0	_ :	990	_ Feet	From The	_ <u>S</u>	outh_Line	and _1650	Fe	et From The _	East	Line		
	250		_	<sub>e</sub> 37E	=	N/A	ipm, L	ea			County		
Section 22 Townsh	<sub>ip</sub> 25S		Rang	ge 3/L	<b>-</b>	, ININ	I TIVI, L	<u> </u>					
II. DESIGNATION OF TRAI	NSPORTE	R OF O	IL A	ND NA	TUI	RAL GAS	<del></del>			arm is to be re	m()		
Name of Authorized Transporter of Oil	X.	or Conde	nsate			Address (Give	address to wh	ich approved	copy of this jo	FM IS 10 DE SE	ш)		
Pride Pipeline Compa			5- D	ny Con F		Address (Cin	address to wh	ich approved	copy of this fo	orm is to be se	nt)		
Name of Authorized Transporter of Casin	ne of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids,	Unit	Sec.	Twp		Rge.	ls gas actually	gas actually connected? When ?						
ive location of tanks.	P	22			7E			l					
f this production is commingled with that	from any oth	ner lease or	r pool,	give comr	mingl	ing order num	er:						
V. COMPLETION DATA		Oil We	11	Gas We	:11	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	ı - (X)		ä			<u> </u>			<u> </u>	<u></u>			
Date Spudded						Total Depth			P.B.T.D.				
						Top Oil/Gas	Pay	<del></del>	Tubing Depth				
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					•								
Perforations						1			Depth Casir	ng Shoe			
									<u> </u>				
					ND	CEMENTI	NG RECOR		SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET		<del></del>						
	<del></del> -												
	_												
	-												
V. TEST DATA AND REQUI	EST FOR	ALLOV	VABL	Æ				aumble for th	is denth of he	for full 24 hou	urs.)		
OIL WELL (Test must be after	recovery of	iotal volum	re of la	ad oil and	mus	Producing M	ethod (Flow, p.	ump, gas lift,	esc.)	7 7			
Date First New Oil Run To Tank	Date of T	est											
Length of Test	Tubing P	ressure				Casing Pressure			Choke Size				
						Water - Bbls.			Gas- MCF				
Actual Prod. During Test	Oil - Bbl	Oil - Bbls.				Water - Bott	•						
				<u> </u>									
Actual Prod. Test - MCF/D	Length o	f Test				Bbls. Conde	nsate/MMCF		Gravity of	Condensate			
Acmai From Teat - 112-172						/C!		Choke Size					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pres	sure (Shut-in)		GIORE SIZE					
VI. OPERATOR CERTIFI	CATE O	F COM	IPLI.	ANCE	•		OIL COI	<b>VSERV</b>	/ATION	DIVISION	NC NC		
I hereby certify that the rules and re Division have been complied with a	gulations of the	re Oil Cons formation o	servatio piven a	on bove					<u>.</u>	JN V 4	1997		
Division have been complied with a is true and complete to the best of n	ny knowledge	and belief				Dat	e Approve	ed	الى 	J. 18 3			
101		M,					• •		17				
Harialu		17	M			By_	Pai	Signed b	y,				
Signature Days Duo duo	tion Ma	nagov	-			By-	G	ologist					
Randy Bruno, Produc	CIOII Md	nayer	Til	lie		Title	9						
5-31-91	9	15 68	5-01	13			<i></i>						
Dola		7	Celepho	one No.		11							

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

**JUN** 0 8 1997

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DISTRICT 1
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Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	T	O TRANS	SPORT OIL	AND NAT	URAL GA	S	DI No.					
Operator			Well API No. 30-025-11696									
Earl R. Bruno Address		<del></del>					30-023-	11030				
P. O. Box 590, M	lidland,	, Texas	79702	<u> </u>	- /D!		<del></del>					
Reason(s) for Filing (Check proper box)		hange in Tra	nsporter of:	Othe	t (Please explai	n)						
New Well  Recompletion	Oil	~ —	y Gas									
Change in Operator	Casinghead	Gas Co	ndensate									
f change of operator give name and address of previous operator Santa	Fe Ene	ergy Ope	erating Pa	rtners,	.P, 500	W. Illi	nois. S	uite 500				
I. DESCRIPTION OF WELL A						Mid	land, To	exas /9	701			
Lease Name Carlson A	ol Name, Includir Langlie-M		Formation Kind of Lease Lease  Lease XXXIII. Federal XXXIII.									
Location Unit Letter0	:99	90 Fe	et From TheS	outh Lin	and <u>1650</u>	Fee	et From The	east	Line			
Section 22 Township	25\$	Ra	inge 37E	, Ni	ирм, Le	ea			County			
III. DESIGNATION OF TRANS	SPORTER	OF OIL	AND NATU	RAL GAS			6.15.6					
Name of Authorized Transporter of Oil	TXT '	or Condensate		Address (Giv	e address to wh				ru)			
Shell Pipeline Compati Name of Authorized Transporter of Casing		X or	Dry Gas	Box 1910, Midland, Texas 79702  Address (Give address to which approved copy of this form is to be sent)								
El Paso Natural Gas (		mpany P. O. Box 1492, El										
If well produces oil or liquids, give location of tanks.	Unit :		vp.   Rge. 255   37E	ls gas actuall	y connected? Yes	When	n? N/A					
If this production is commingled with that f	· · · · · · · · · · · · · · · · · · ·			ing order num								
IV. COMPLETION DATA			Gas Well	New Well		Deepen	Plug Back	Same Res'v	Diff Res'v			
Designate Type of Completion -	· (X)	Oil Well	Oas Well	New Wen	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				<u> </u>			
Le Spudded Date Compl. Ready to Prod.			od.	Total Depth			P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Form	ation	Top Oil/Gas	Pay		Tubing Depth					
Perforations	1						Depth Casir	ng Shoe				
	Т	UBING, C.	ASING AND	CEMENTI	NG RECOR	D						
HOLE SIZE					DEPTH SET			SACKS CEMENT				
					<del> </del>							
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR A	LLOWAL  tal volume of	SLE load oil and must	be equal to o	exceed top allo	owable for thi	s depth or be	for full 24 hou	rs.)			
Date First New Oil Run To Tank	Date of Tes			Producing M	ethod (Flow, pu	ımp, gas lift, i	etc.)					
	Tubing Pro			Casing Press	ure		Choke Size					
Length of Test	Tubing Pres	SSUIC					Gas- MCF					
Actual Prod. During Test	Oil - Bbls.			Water - Bble			OAS- MICE					
GAS WELL	1											
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conde	nsate/MMCF		Gravity of Condensate					
Section Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Casing Press	sure (Shut-in)		Choke Size					
Testing Method (pitot, back pr.)	tuonik i ressure (Sina-m)											
VI. OPERATOR CERTIFIC						NSERV	ATION	DIVISIO	NC			
I hereby certify that the rules and regul Division have been complied with and	lations of the that the infor	Oil Conservation given	tion above									
is true and complete to the best of my knowledge and belief.					e Approve	ed	M	AR 28	<u> </u>			
Signature Randy Bruno, Pr	uno	<u> </u>		∥ ∥ By_	_			Y JERRY SE	XTON			
Signature Randy Bruno, Pi			DIS	TRICT I SU	PERVISOR							
Printed Name		15-685-0	Title	Title	)		<del></del>	· · · · · · · · · · · · · · · · · · ·				
March 23, 1989 Date	<u> </u>		hone No.									
								'				

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