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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

Form C-104 Revised I-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., Aztec, NM 87410

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

BEOLIEST FOR ALLOWABLE AND AUTHORIZATION

ſ	T	OTRAN	SPORT OIL	AND NA	TURAL GA	S	·				
Operator O	BRU		Cam	DAN	1 \ /	Well A	PI No. 2-025-	-1169	y IX		
EARL K.	DK-U	100	1, 2, 0	<del>///</del>	Vac	707	<u> </u>	// & /			
PO. BOX 5	<u> 70</u>	M1k	LANU	/ C	x/t) er (Please explai	///Cn)		<del></del>			
Reason(s) for Filing (Check proper box)  New Well		~~	ansporter of:		•						
Recompletion	Oil Casinghead		ondensate								
Change in Operator Change of operator give name	101 /	$\frac{\partial \mathbf{R}}{\partial \mathbf{R}}$	UNO 1	D.O. Bo	x 590	n	DLAN	D TO	EXAS		
and another or provides a provide a	HRL K	CE.									
II. DESCRIPTION OF WELL Lease Name	L AND LEA	Well No.   P	ool Name, Including			/	Lease Federal or Fee	ما	ease No.		
CARLSON A			LANGUE MA	ATTH SR	-an-613	State		L CD3	12579C		
Location Unit Letter	_:_36	30 F	eel From The 5				et From The	EAS.	<u></u> ∠_Line		
Section 22 Towns	hip 25	-5 F	$_{\text{lange}} 37$	, N	мрм, С	57	<del></del>		County		
III. DESIGNATION OF TRA	NSPORTEI	R OF OIL	AND NATU	RAL GAS							
Name of Authorized Transporter of Oil	abla	or Condensa	LE	Montes (Otte dam ens to what app over dopy of the							
PRIDE PIPELINE	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Case SID RICHARDSON CA	ARBON 5	6A50L	r Dry Gas 🗔	201 M	71N ST.	FT. U	DRTH	TX Z	6102		
If well produces oil or liquids,	Uniy	Sec.	wp.   Rge.		y connected?	When	1)/A				
give location of tanks.  If this production is commingled with the					ber:		/				
IV. COMPLETION DATA			Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completio	n - (X)	Oil Well	Car well	i	1			Ĺ <u>.                                    </u>	<u> </u>		
Date Spudded	Date Compl	. Ready to P	rod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Gas	Pay		Tubing Depth							
							Depth Casing Shoe				
Perforations											
TUBING, CASING AND CEM				CEMENTI	NG RECORI	<u> </u>	5	SACKS CEM	ENT		
HOLE SIZE	CAS	CASING & TUBING SIZE DEPTH SET SACKS CE									
V. TEST DATA AND REQU	EST FOR A	LLOWA	BLE	<u> </u>		11 6		for full 24 hou	ere )		
OIL WELL (Test must be afte	r recovery of tol	al volume of	load oil and must	be equal to or Producing M	ethod (Flow, pu	mp, gas lift, e	ic.)	01 Jul 27 1101	, 5.,		
Date First New Oil Run To Tank	Date of Tes	•									
Length of Test	Tubing Pres	ubing Pressure Casing Pressure					Choke Size		_		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls					Gas- MCF				
Attual Floor During 100				<u> </u>			<u> </u>	<del></del> -			
GAS WELL		<del> </del>		Bbis. Conder	sate/MMCF		Gravity of C	Condensate			
ctual Prod. Test - MCF/D Length of Test							Choke Size				
l'esting Method (pitot, back pr.)	Tubing Pres	scure (Shut-i	1)	Casing Press	ure (Shut-in)		Choke Size				
VI. OPERATOR CERTIF	CATE OF	COMPI	IANCE		OIL CON	ISERV	ATION	DIVISIO	NC		
the rules and res	culations of the	Oil Conserva	tion .			.02					
Division have been complied with a is true and complete to the best of it	nd that the inton	uranou given	. AUUTC	Date	Approve	d	.948 4				
1 × M	/						_				
J2/1	<del>\</del>			∥ By_	Den	Signed b	<u> </u>				
Signature GRAY	) ENG 915-68	NEE	Cile.	<del>                                    </del>	Ge Ge	oolog					
Printed Name	915-68	5-0113	3	Title							
11-04		Telep	hone No.								

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.

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ISTRICT I
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## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

ISTRICT III XXX Rio Brazos Rd., Aztec, NM 87410

ISTRICT II O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

		IO IHA	INOP	ON I OIL	AND IVA	1011/12 0/	Well	PI No.			
)perator Earl R. Bruno	)										
P.O. Box 590	Midla	nd, Te	xas	79702							
leason(s) for Filing (Check proper box)					Oth	er (Please expla	iin)				
lew Well		Change in	Transp	orter of:							
	Oil	X	Dry G	as [_]							
tecompletion	Casinghea	ad Gas	Conde	nsate							
change of operator give name			<u> </u>								
id address of previous operator											
I. DESCRIPTION OF WELL	AND LE	ASE					Vind	o(Lease	T L	ase No.	
case Name Carlson A	Well No.   Pool Name, including							State Federator Fee LC 032579(C)			
ocation	. ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	30	Feet F	rom The	with Lin	e and	9 <u>0                                    </u>	et From The	East	Line	
Unit Letter		258		275	N	м <sub>РМ.</sub> Le	a			County	
Section 22 Townsh	·P		Range								
II. DESIGNATION OF TRAI		CR OF O	nsale	ND NATU	Address (Gi	e address to wi	hich approved	copy of this for	n is 10 be se	ent)	
lame of Authorized Transporter of Oil X or Condensate								e, Texas			
Pride Pipeli	ne comp			y Gae	Address (Gir	e address to wi	hich approved	l copy of this for	m is to be se	ent)	
lame of Authorized Transporter of Casinghead Gas X or Dry Gas Sid Richardson Carbon & Gasoline					201 N	Main Stre	et, Ft.	Worth, T	exas 7	5102	
		JON & L	aaso I Twp.	ne Rge.	<del> </del>	ly connected?	When				
f well produces oil or liquids, eve location of tanks.	Unit 1 P	Sec.   22	1 25S		Yes	•	i	N/A			
this production is commingled with that			. 1		ing order num	ber:					
V. COMPLETION DATA	. Hom any or	1,01 10000 01	, p, 6		_						
Designate Type of Completion	- (X)	Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded		pl. Ready t	o Prod.		Total Depth	<u> </u>		P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)	Name of	Name of Producing Formation				Pay		Tubing Depth	Tubing Depth		
					<u> </u>			Depth Casing	Depth Casing Shoe		
erforations											
		TUBING	. CAS	ING AND	CEMENT	NG RECOR	<u> </u>	<del></del>			
1101 F 617F	HOLE SIZE CASING & TUBING SIZE					DEPTH SET		SA	SACKS CEMENT		
HOLE SIZE	-  <del>-</del>										
										,	
							<u> </u>				
'. TEST DATA AND REQUE	ST FOR	ALLOW	ABLI	Ξ					- 6.11.24 hav	l	
TEST DATA AND REQUED IL WELL (Test must be after	recovery of	total volum	e of load	d oil and mus	be equal to o	r exceed top all	owable for th	us depin or be joi	Juli 24 hou	<i>D</i> 3.)	
Date First New Oil Run To Tank	Date of T				Producing M	lethod (Flow, p	штр, даз іуі,	eic.)			
					-			Choke Size			
ength of Test	Tubing P	Tubing Pressure			Casing Press	SUIT.					
				Water - Bbls			Gas- MCF				
Actual Prod. During Test	Oil - Bbl	s.			Water - Doll						
GAS WELL									<del></del>		
Actual Prod. Test - MCF/D	Length o	f Test			Bbls. Conde	nsate/MMCF		Gravity of Co	ndensate		
ACTUAL PROG. 1684 - MICLIAD		Engli of 1600						O aka Siza			
esting Method (pitot, back pr.)	Tubing P	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
		E COL	DT TA	NCE	1					<b>~</b> N I	
VI. OPERATOR CERTIFIC	CATE O	r COM	LLIA	HYCE		OIL COI	<b>NSERV</b>	'ATION E	NVISIC	אכ	
I hereby certify that the rules and reg	ulations of the	e Oil Cons	ervauon iven sho	ve .							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Dot	Date Approved					
is true and complete to the best of my	, allowinge					a whhine					
Randu Br	und				Bv			15.00	* 373		
Signature Randy Bruno		Prod	. Mg	r					- * .		
Printed Name	A	05 01-	Title		Title	)					
6/22/92	915 6	85-01 <u>1</u>	3 elephone	No.							
Date		16	repriori								

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