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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>EARL R. BRUNO COMPANY</u>		Well API No. <u>30-025-11697</u> UK
Address <u>P.O. Box 590 MIDLAND TEXAS 79702</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <u>EARL R. BRUNO P.O. Box 590 MIDLAND TEXAS</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>CARLSON A</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>LANQUE MATTH SR-QN-GB</u>	Kind of Lease State <u>(Federal)</u> or Fee	Lease No. <u>LC032579C</u>
Location Unit Letter <u>P</u> : <u>330</u> Feet From The <u>SOUTH</u> Line and <u>990</u> Feet From The <u>EAST</u> Line Section <u>22</u> Township <u>25S</u> Range <u>37E</u> , NMPM, <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>PRIDE PIPELINE CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2436 ABILENE TX 79604</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>SID RICHARDSON CARBON & GASOLINE</u>	Address (Give address to which approved copy of this form is to be sent) <u>201 MAIN ST. FT. WORTH TX 76102</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>P</u>	Sec. <u>22</u>	Twp. <u>25S</u>	Rge. <u>37E</u>
				Is gas actually connected? <u>YES</u>
				When? <u>N/A</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature J. E. Gray
Printed Name J. E. GRAY Title ENGINEER
Date 11-2-92 Telephone No. 915-685-0113

OIL CONSERVATION DIVISION

Date Approved Nov 21 1990

By Paul Kautz
Title Geologist

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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OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	Earl R. Bruno	Well API No.	
Address	P.O. Box 590 Midland, Texas 79702		
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
Change of operator give name and address of previous operator			

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Carlson A	Well No.	1	Pool Name, Including Formation	Langlie Mattix SR-Qn-GB	Kind of Lease	State Federal Fee	Lease No.	LC 032579(C)
Location	Unit Letter <u>P</u> : <u>330</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line								
Section	22	Township	25S	Range	37E	NMPM,	Lea	County	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Pride Pipeline Company		Address (Give address to which approved copy of this form is to be sent)		P.O. Box 2436 Abilene, Texas 79604	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Sid Richardson Carbon & Gasoline		Address (Give address to which approved copy of this form is to be sent)		201 Main Street, Ft. Worth, Texas 76102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	P	22	25S	37E	Yes	N/A

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VI. 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature	<u>Randy Bruno</u>	Prod. Mgr.
Printed Name	Randy Bruno	Title
Date	6/22/92	Telephone No. 915 685-0113

OIL CONSERVATION DIVISION

Date Approved	
By	
Title	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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