Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energ. Ainerals and Natural Resources Department

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

000 Rio Brazos Rd., Aztec, NM 87410	REQUE	ST FO	R ALLC	WABL	E AND A	UTHORIZ	ATION S				
•	TO	ART C	SPOR	TOIL	AND NAI	URAL GAS	Well Af	1 No.			
Operator											
Earl R. Bruno											
Address S. O. Boy FOO Mi	dland,	Tevas	79702								
P.O. Box 590 Mi Reason(s) for Filing (Check proper box)	u land,	ICAUS_	7 37 5 =		Othe	r (Please explai	n)				
New Well	C	hange in T	Transporter	of:							
Recompletion	Oil		Dry Gas	닏				į.			
Change in Operator	Casinghead	Gas XX	Condensate								
I change of operator give name										<del></del>	
and address of previous operator		CIE									
II. DESCRIPTION OF WELL A	IND LEAS	Well No.	Pool Name	Includin	g Formation		Kind o	Lease Sederal or Fee	· ·	ase No.	
CARLSON A			Lan	glie l	Mattix S	R-QN-GB	State	-eneral or Tec	LU U.	32579 (C)	
Location					i-1	CAC	20		Fost	11	
Unit Letter	$\frac{3^2}{10^2}$	<u> </u>	Feet From	The X	uth Lin	e and	1 <u> </u>	et From The	CASI	Line	
	٥٥٥		_	37E	N	мрм. Lea				County	
Section 22 Township	, 25\$		Range			WII W		<del></del> -			
III. DESIGNATION OF TRAN	SPORTE	OF O	L AND	NATU	RAL GAS		• (	samu of this f	orm is to be se	nu)	
Name of Authorized Transporter of Oil	(X)	or Conden	sale		Address (Gir	oddress to wh	nch approved	owton.	Tevas	77252	
Shell Oil	Co.				T.U. 6	ve address to wh	ich approved	copy of this f			
Name of Authorized Transporter of Casing	shead Gas		or Dry Ga		201 Ma	in Street	t Ft. Wo	rth. Te	xas 761	02	
Sid Richardson	<u>Carbon</u>	& Gaso	line C	O. Rge.	is gas actual	ly connected?	When	?		•	
If well produces oil or liquids,	Unit	s∞. 22	255	37E							
give location of tanks.  If this production is commingled with that i			pool, give o	ommingl	ing order nurr	ber:					
IV. COMPLETION DATA	110111		·				1 2	Dive Back	Same Res'v	Diff Res'v	
		Oil Well	Gas	Well	New Well	Workover	Deepen	l Ling Dack			
Designate Type of Completion	- (X)		l		Total Depth	.1	J	P.B.T.D.	.1		
Date Spudded	Date Compl	l. Ready to	Prod.		10tal Depai						
	Name of Pro	oducina Fo	ormation		Top Oil/Gas	Pay		Tubing Dep	th		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing 1	J11122CO		<u> </u>			Depth Casing Shoe			
Perforations					1			Depth Casi	ig Snoe		
Pentitations						DECOR	<u> </u>	1			
	T	UBING,	CASING	3 AND	CEMEN'I	ING RECOR	<u> </u>	T	SACKS CEM	ENT	
HOLE SIZE	CAS	SING & TL	JBING SIZ	<u>'E</u>	<del> </del>	DEPTH SET		<u> </u>			
							·				
V. TEST DATA AND REQUES	ST FOR A	LLOW	ABLE			_	( ) .	to doneh on he	for full 24 hou	rs.)	
V. TEST DATA AND REQUES OIL WELL (Test must be after to	recovery of 10	iai volume	of load oil	and must	be equal to o	r exceed top all lethod (Flow, p	owabie jor ini	elc.)	<i>yor y</i> 2		
Date First New Oil Run To Tank	Date of Tes	at .			Producing N	Tenton (1 1001)					
					Casing Pres	sure		Choke Size			
Length of Test	Tubing Pres	ssure						Gas- MCF			
Test	Oil - Bbls.				Water - Bbl	S.		Gas- MICF			
Actual Prod. During Test	J 25.3.				<u> </u>			_1			
CACAVELL	<del></del>					; <u></u>		(Gayliv of	Condensate		
GAS WELL Actual Prod. Test - MCF/D	Length of	l'est			Bbls. Cond	nsate/MMCF		J.27.1.7 01			
		Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	Tubing Pre	ssure (Shu	u-10)								
			DI IANI		-  <u>                                   </u>			ATION	DIVICIO	ואר	
VI. OPERATOR CERTIFIC	CATE OF	COM	PLIAN	J.E.		OIL CO				אוע	
I hereby certify that the rules and regu Division have been complied with and	dations of the	UII COIDE	I VALIOII	•				MAY 2	L'SZ		
Division have been compiled with and is true and complete to the best of my	knowledge a	nd belief.		•	Dat	e Approve	ed				
r/A	7								tu Tabil		
Panay 1	rus	<u> 10</u>			Bv.	Ben <b>GIN</b> AL	SHONED :		1 X 1 427 1		
()			tion M	ar.							
* Randy Kriino			Title	<u>#1_*</u>	Title	θ					
Printed Name 3/20/92	915	685-0									
0,,		Te	lephone 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
- 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.

Submit 5 Copies
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Form C-104
Revised 1-1-89
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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, Anesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	, , 0, 0	TO TRAI	NSP	ORT OIL	AND NAT	URAL GA	S	77.51		<del></del>	
Operator	Well						Well A	API No. 0-025-11697			
Earl R. Bruno								020 110			
Address P.O. Box 590 Midlar	nd, Tex	as 7970	02								
Reason(s) for Filing (Check proper box)					Othe	r (Please expla	in)				
New Well	0.1	Change in T	Franspo Dry Ga								
Recompletion $\square$	Oil Casinghea	_	Conde								
Change in Operator  f change of operator give name	Casingnea	u Oas	Conoc								
nd address of previous operator									,	, ,	
I. DESCRIPTION OF WELL	AND LE	ASE					Vinde	of Lease	1	ease No.	
Lease Name		Well No.			ing Formation Mattix Sf	-ON-GR		Federal orXFX		32579(C)	
Carlson A			La	ingrie	Maccix Si	t-Qit db					
Location Unit LetterP	- : <u></u>	330	Feet F	from The	South_ Lin	and <u>990</u>	Fe	et From The	East	Line	
Section 22 Township	255	S	Range	37E	, NI	MPM, Lea	<u> </u>			County	
III. DESIGNATION OF TRAN	SPORTE	ER OF O	LAN	D NATL	IRAL GAS						
Name of Authorized Transporter of Oil		or Conden	sale		Address (Giv	e address to wh					
Pride Pipeline Co.					P.U.	Jrawer 25	148 MIGI	conv of this t	and, Texas 79702		
Name of Authorized Transporter of Casing		1 122	or Dry		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 P	Sec.   22	Twp. 255								
If this production is commingled with that	from any ot	ther lease or	pool, g	ive comming	gling order num	Der:					
IV. COMPLETION DATA		Oil Well	$\neg \Gamma$	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		İ	_i_		<u> </u>	<u> </u>	1	1		_l	
Date Spudded	Date Con	npl. Ready to	Prod.		Total Depth	Total Depth P.B					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Dep	Tubing Depth		
Perforations	<u> </u>							Depth Casi	ng Shoe		
		TUBING.	CAS	ING ANI	CEMENT	NG RECOR	RD				
HOLE SIZE		ASING & TU				DEPTH SET			SACKS CEMENT		
							,				
							<del></del>	-			
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLI	E							
OIL WELL (Test must be after			of load	d oil and mu	st be equal to o	r exceed top all lethod (Flow, p	lowable for th	is depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of T	[est			Producing iv	realou (Flow, p	ω <i>ι</i> φ, gω 191,	Cic.y			
Length of Test	Tubing P	ressure			Casing Press	sure		Choke Size			
Actual Prod. During Test	Oil - Bbl	Oil - Bbls.			Water - Bbl	Water - Bbls.			Gas- MCF		
GAS WELL									C		
Actual Prod. Test - MCF/D	Length of Test					nsate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pres	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC  Thereby certify that the rules and regulation have been complied with and	lations of th	ne Oil Conse	rvation			OIL COI	NSERV				
is true and complete to the best of my	knowledge	and belief.			Dat	e Approve	ed ig. Signed	-	N 0 4 1	<del>351</del>	
Signature	41	JIL			Ву_		rg. Signed Paul Kau <b>Geologis</b>	tz,			
Printed Name	ction		Title		Title	9	_				
5-31-91		915 (	685 <u>-</u>	0113					· · · · · ·		

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