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

State of New Mexico , Minerals and Natural Resources Departmen

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

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	-	TO TRA	NSF	PORT O	L AND NA	TURAL G				<u> </u>		
Operator  Famil P. Rouno							Well	API No.	025-11	1778		
Earl R. Bruno Address		,					L	30				
	and, Tex	as 7970	02_									
Reason(s) for Filing (Check proper box) New Well		Change in	Trans	porter of:		her (Please exp.	lain)					
Recompletion	Oil		Dry (	- —								
Change in Operator	Casinghead	Gas X	Cond	lensate								
If change of operator give name and address of previous operator						····			····			
II. DESCRIPTION OF WELL	AND LEA											
Lease Name		Well No.	Pool		ting Formation S Bline			of Leage (Federal or Fe		.ease No.		
Carlson B 25				JWOIK	. <u>5 Lange</u>	<del>vi g</del>			ILU032	2579(e)		
Unit Letter	_ :(19	0	Feet I	From The ${\mathbb S}$	outh un	se andO	<u>(0()                                   </u>	eet From The	<u>East</u>	Line		
Section 25 Townsh	ip 25	S.	Rangi	<b>e</b> 3	7E ,N	МРМ,	Lec	<u> </u>		County		
III. DESIGNATION OF TRAI				ND NATU	RAL GAS							
Name of Authorized Transporter of Oil Texas-New Mexico Pi	1 X I	or Condens 20.	ale			ve address to w			form is to be si	ent)		
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Sid Richardson Carbon & Gasoline Co.					P.O. Box 2528 Hobbs, NM 88241  Address (Give address to which approved copy of this form is to be sent)  201 Main StreetFt. Worth, Texas 76102							
If well produces oil or liquids,	<del></del>	Sec.	Twp.	Rge.		y connected?	When		<u>as /0102</u>	<del>•</del>		
give location of tanks.	111	25	255		Yes			1 011	0 4112			
If this production is commingled with that IV. COMPLETION DATA	from any othe	rlease or po	ool, g	ive comming	ling order num	ber: YC	<u>~55a c</u>	and DH	<u>C #113</u>	~~····································		
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	<u> </u>	1	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth				
Perforations Perforations					<u> </u>			Depth Casing Shoe				
	TU	JBING, C	ASI	NG AND	CEMENTI	NG RECOR	D	<u> </u>		<u> </u>		
HOLE SIZE						DEPTH SET		SACKS CEMENT				
V. TEST DATA AND REQUES	T FOR AL	LOWAR	RI.E									
OIL WELL (Test must be after re					be equal to or	exceed top allo	wable for this	depth or be fo	or full 24 how.	s.)		
Date First New Oil Run To Tank	Date of Test				Producing Me	thod (Flow, pu	mp, gas lift, e	(c.)				
Length of Test	Tubing Pressure				Casing Pressu	re		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
CACINELI							<u>.</u>					
GAS WELL Actual Prod. Test - MCF/D	Length of Ter	st			Bbls. Condens	ate/MMCF		Gravity of Co	ondensate	<del></del>		
				~	. ж.							
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressur	re (Shut-in)	·	Choke Size				
VI. OPERATOR CERTIFICA				ICE		NI CON	SERVA	TION F	וואופוטו	M		
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above					OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.					Date Approved MAY 2 1'92							
Mandy Dri	LUO						er were	o serve				
Signature Randy Bruno President					By 1 A A A A A A B A B A B A B A B A B A B							
Printed Name Title					Title							
4/14/92 Date	915_6	85-011 Telepho	3 me №	0.								
		Lotopin			L							

## 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.

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

Energy, Minerals and Natural Resources Department

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**UIL CONSERVATION DIVISION** 

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM	87410 RFQ	UEST F			ABLE AND		ロフィエ	10k	1			
I.	,,				IL AND N			ION				
Operator				<u>.                                     </u>	1271112 117	TTOTITE	ano		API No.			
Earl R. Bruno									30-02	5-117	78	
	idland To	, a a 70°	700				•					
Reason(s) for Filing (Check proper	idland, Tex	kas /9/	702	_		ther (Please e	lai1			<del></del>	<del></del>	
New Well	,	Change in	n Transporter o	of:		uici (riease e	xpiain)					
Recompletion	Oil	ے "	Dry Gas									
Change in Operator	Casingher	d Gas X	Condensate									
If change of operator give name and address of previous operator												
II. DESCRIPTION OF W	FII. AND IF	ASE								···		
Lease Name	DEE THIS EE	Well No.	Pool Name.	Includ	ding Formation	- 11	<del></del> -	Vind	of Leage	<del></del>		
Carlson B 25		2	1 Ju	sti	S Bline	DEN DE	w.k.	State	Federal or F	ee	Lease No. 12579(p)	
Location	OC	۸ ۸				<del>,</del>		هـــ			rsva(e)	
Unit Letter	:	10	Feet From Ti	). 	outh his	e and	060	F	eet From The	East	Lin	
Section 25 To	waship 25	2	Range	3.	7 F N	1 4 m 4	1	_ec	1			
		, <u></u>			1 - 11	МРМ,		<u>-66</u>	1	· · · · · · · · · · · · · · · · · · ·	County	
III. DESIGNATION OF T	RANSPORTE	R OF OI	L AND NA	TU	RAL GAS							
Name of Authorized Transporter of Oil or Condensate Texas-New Mexico Pipeline Co.					Address (Give address to which approved				copy of this f	orm is to be s	sent)	
Name of Authorized Transporter of (						0x 2528	Hobbs	1	NM 88241 d copy of this form is to be sent)			
Sid Richardson C	arbon & Gas	soline	Co.		201 Ma	in Stroo	vnich appi s+F+	roved Wor	th, Tex	orm is to be s	rent)	
If well produces oil or liquids,				Rge.	la gas actually	y connected?		When		as /610,	<u> </u>	
give location of tanks.	<u> </u>	25	25S   37	Ę	Yes		i					
If this production is commingled with IV. COMPLETION DATA	that from any other	rlease or p	ool, give com	ningl	ing order numb	ъег: <u>РС</u>	- 556	a	nd DH	2 #113		
11. COMILETION DATA		Oil Well	C 11/		)							
Designate Type of Complet	ion - (X)	On wen	Gas We	11	New Well	Workover	Deep	en	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl.	Ready to I	l Prod.		Total Depth				P.B.T.D.			
									r.b.1.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas P	ay			Tubing Depth			
Perforations		<del></del>	·									
									Depth Casing	Shoe	-	
	TU	BING. C	CASING AN	M) (	CEMENTIN	G RECOR	D					
HOLE SIZE		NG & TUB				DEPTH SET	<u></u>		SACKS CEMENT			
									SAOKS CEMENT			
											· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·					<del></del>							
V. TEST DATA AND REQU	EST FOR AL	LOWAR	LE				<del></del>					
OIL WELL (Test must be after	er recovery of ioial			usi be	e equal to or ex	sceed top allo	wable for	this a	lepth or he for	full 24 hours	· 1	
Date First New Oil Run To Tank	Date of Test			P	roducing Meth	od (Flow, pur	np, gas ly	î, elc	)	JAI 24 110W3	··/	
ength of Test						· · · · · · · · · · · · · · · · · · ·						
Angul of Tex	Tubing Pressur	Tubing Pressure			Casing Pressure				Choke Size			
Actual Prod. During Test	al Prod. During Test Oil - Bbls.			V	Vater - Bbis.				Gas- MCF			
GAS WELL										<del></del>		
Actual Prod. Test - MCF/D	Length of Test			B	bls. Condensat	e/MMCF		10	ravity of Con	densate	- <del></del>	
sting Method (pitot, back pr.)	Tubing Pressure (Charles								,			
sung Method (puot, back pr.)	Tubing Pressure (Shut-in)			C	Casing Pressure (Shut-in)				Choke Size			
I. OPERATOR CERTIFIC			ANICE	$\dashv_{\vdash}$								
I hereby certify that the rules and reg	ulations of the Oil (	Conservatio	on .		OI	L CONS	SERV	/A <sup>-</sup>	וח אסוד	VISION	J	
Division have been complied with and that the information given above					OIL CONSERVA				_			
s true and complete to the best of my knowledge and belief.					Date Approved				MAY 2	1'92		
Mandy Bruno										7.80		
Signature	ture /				By SHOWED BY JERRY SEXTON							
Randy Bruno Printed Name	Pre	sident			•				· · · · · · · · · · · · · · · · · · ·	<del>.</del>		
4/14/92	015 60	Tid C 0113	=		Title							
Date	915 68	Telephon		$\parallel$			-					

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