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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, Anesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								30-025-1	1793			
Earl R. Bruno								30-023-1	1/03			
Address P. O. Box 590,	Midland	d Tova	as -	79702								
Reason(s) for Filing (Check proper box)	miuiano	١٤٨٠ و ١	13 /	7 37 02	Otl	ner (Please exp	olain)			 		
New Well		Change in	Transpo	orter of:								
Recompletion	Oil		Dry G	as 🔲								
Change in Operator XX	Casinghea	d Gas	Conde	nsate		· · · · · · · · · · · · · · · · · · ·						
f change of operator give name and address of previous operator Sant	<u>a Fe Eı</u>	nergy (Oper	ating	oartners	,L.P, 50	0 W. Ill Midl	inois, S and, Tex	Suite 500 (as 7970	0, 01		
I. DESCRIPTION OF WELL	AND LEA											
					ling Formation	ubb-Drinkard			l of Lease No. c, Federal XXXXXXXX LC 032579(E)			
Carlson B-25		3	U	uscis	ו זכ –ממטו	iikaiu			" ILC US	23/3(L)		
Unit Letter0	:1	650	Feet F	rom The	east Li	ne and9	90 Fe	et From The	south	Line		
Section 25 Township	255		Range	37	Ξ,Ν	_{IMPM,} Le	a		v	County		
III. DESIGNATION OF TRAN	SPORTE:	R OF O	IL AN	ID NATI	IRAL GAS							
Name of Authorized Transporter of Oil	ΓX	or Conden					which approved	copy of this fo	orm is to be se	nt)		
Texas-New Mexico Pipeline Company						Box 1018, Eunice, NM 88231						
Name of Authorized Transporter of Casinghead Gas						Address (Give address to which approved copy of this form is to be sent)						
El Paso Natural Gas Company								so, TX 79978				
If well produces oil or liquids, give location of tanks.	Unit				1 .	Is gas actually connected? When						
f this production is commingled with that t	mm any oth	25	255			es ober I	C-552	N/A				
V. COMPLETION DATA	any Odi		بري, پي. 		one nun		<u>u-352</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 Comp	l. Ready to	Prod.		Total Depth			P.B.T.D.				
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>			Depth Casing Shoe				
								-				
	Т	UBING,	CASI	NG AND	CEMENT	ING RECO	RD					
HOLE SIZE	SING & TU	BING S	SIZE	DEPTH SET			SACKS CEMENT					
					ļ			ļ				
	<u> </u>					,						
					<u> </u>		·	<u> </u>				
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE		<u> </u>							
OIL WELL (Test must be after re					i be equal to o	r exceed top a	llowable for thi	s depth or be f	or full 24 hour	·s.)		
Date First New Oil Run To Tank	Date of Tes	st.			Producing N	lethod (Flow,)	pump, gas lift, é	tc.)				
Length of Test	Tubing Pressure				Casing Press	sure		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
action 1700, During 1001	On - Duis.											
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test				Bbls, Condensate/MMCF			Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	IIAN	JCE	1							
I hereby certify that the rules and regula				1CL		OIL CO	NSERV	I NOITA	DIVISIO	N		
Division have been complied with and that the information given above								MΔR	28 198	9		
is true and complete to the best of my k	nowledge an	nd belief.			Date	e Approve	ed	1417.77	~ 4 100	· ·		
Konay Bruno						• •	ORIGINAL S	SIGNED BY	JERRY SEX	(TON		
Signature Randy Bruno, Production Manager					By_			RICT I SUP				
Printed Name		915-68	Title	13	Title							
March 23, 1989 Date			phone N									

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.