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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

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, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

[,		O THANS	SPURT OIL	AN UNA	TUHAL GA		DI NI.			
Operator					Weil API No.					
Earl R. Brunc)						-025-117	გე		
P. 0. Box 590). Midlan	d. Texas	79701							
Reason(s) for Filing (Check proper box		ys ICAUS	12/01	Oul	ner (Please expla	in)				
New Well		Change in Tra								
Recompletion	Oil	L Dry								
Change in Operator	Casinghead		ndensate							
f change of operator give name and address of previous operator Sant	a Fe Ene	rgy Oper	ating Par	rtners,L	.P. 500 N	W. Illir	ois, Sui	te 500	,	
						Mi	dland, T	exas .	79701	
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Includin					ng Formation Kind c			of Lease No.		
Carlson B-25 5 Justis B					XXXX :			federal of XFXeX LC 032579(E)		
Location				<u> </u>					,	
Unit Letter0	:198	0 Fe	et From The	east Lin	se and99() Fe	et From The	south	Line	
Section 25 Town	ship 25S	Ra	nge 37E	, N	MPM, Lea	ì			County	
III. DESIGNATION OF TRA	NSPORTE	R OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Condensate		Address (Gi	ve address to wh	nich approved	copy of this for	m is to be s	eni)	
Texas-New Mexico Pipeline Company					Bpx 1018, Eunice, NM 88231					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company					P. O. Box 1492, El Paso, Texas 79978					
well produces oil or liquids, Unit Sec. Twp. Rg				Is gas actually connected? When?						
give location of tanks.	<u> </u>		25S 37E		Yes 50		N/A			
If this production is commingled with the IV. COMPLETION DATA	at from any othe	er lease or pool	l, give commingl	ling order nun	nber: <u>PU-</u>	-552				
Designate Type of Completion		Oil Well	Gas Well	i	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	Date Compi. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay Tubing D				pth	
Perforations								Depth Casing Shoe		
	r	TIDING C	A CINIC AND	CEMENT	ING DECOR	D				
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
HOLE SIZE	CASING & TOBING SIZE			DEF III SET						
							<u> </u>			
V. TEST DATA AND REQU	EST FOR A	LLOWAB	LE							
OIL WELL (Test must be after			oad oil and must					r full 24 hou	σs.)	
Date First New Oil Run To Tank	Date of Tes	1		Producing N	Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pre	Tubing Pressure			Casing Pressure			Choke Size		
Eligar of rea	Tuoing Trooper									
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas- MCF		
GAS WELL				.l						
Actual Prod. Test - MCF/D	Length of T	l'est .		Bbls. Conde	nsate/MMCF		Gravity of Co	ndensate		
				Casina he -	Caring Denggim (Shut in)			Choke Size		
Testing Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			GIORE SIZE		
VI. OPERATOR CERTIF	ICATE OF	COMPLI	ANCE			IOEDY	ATION 5			
I hereby certify that the rules and re	gulations of the	Oil Conservati	on		OIL CON					
Division have been complied with a	ind that the infor	mation given a	bove				MAR 28	1989		
is true and complete to the best of r	ny knowiedge an	KI DEILEI.		Date	e Approve		· · · · · · · · · · · · · · · · · · ·			
Krain Bui	a. 0						A.GD D1/ 155	dv eeve	ON.	
Signature Signature	- WC			By_	ORIG		NED BY JER		UN	
Randy Bruno, Pr	<u>roduction</u>	Manager					T I SUPERV		· 	
Printed Name	<u> </u>	Ti	ıle	Title	9					
March 23, 1989		915-68 Telepho	55-0113							
DATE		1 CICUIX	A. T	1.1						

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.

RECEIVED

MAR 27 1989 OCD HOBBS OFFICE