Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410									
			BLE AND AUTH		ION				
I. Operator	TO TRANSPORT OIL AND NATURAL GAS					Well API No.			
EARL R. BR		30-025-11795							
Address Bay 5	O MIDL	AUD 7	TEXAS	797	702	_			
Reason(s) for Filing (Check proper box)	O MINE	710 N 1	Other (Plea	se explain)					
New Well		Transporter of:							
Recompletion		Dry Gas				•			
Change in Operator	Casinghead Gas	Condensate	Box 5	$\frac{1}{2}$ N	1 . 0	AND	Y- V 7	9702	
and address of previous operator	AND LEAGE	BRUNO	100 x S	10 11	1/2/5	-1120		720	
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Includi			ng Formation Kind			of Lease No.			
			TIX SR, QN, GB State			Federal or Fee	LC 03	325790	
Location	:2310	East From The	AST Line and	1650	Fe	et From The	SOUTI	4_Line	
. Unit Letter				LE					
Section 26 Township	p 255	Range 37E	, NMPM,					County	
III. DESIGNATION OF TRAN	SPORTER OF OI		RAL GAS Address (Give addre	ess to which a	pproved	copy of this for	m is so be ser	ns)	
Name of Authorized Transporter of Oil SCURLOCK PERMIAN CORP.			BOX 4	4005	TON TX 772/6				
Name of Authorized Transporter of Casing	ghead Gas	or Dry Gas	Address (Give address QO MA						
SID RICHARD SON		Twp. Rge.	Is gas actually conn		When	7	1.X. Z.	·	
give location of tanks.	J 126 1	255 37E			1 /	/A			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or p	oool, give comming IN GASOLII	NE CO Eff.	3/4/93					
Designate Type of Completion	Oil Well	Gas Well		kover D	есреп	Plug Back S	iame Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth			P.B.T.D.		<u> </u>	
			Top Oil/Gas Pay			Tubing Depth		 	
Elevations (DF, RKB, RT, GR, etc.)	ons (DF, RKB, RT, GR, etc.) Name of Producing Formation		, rap divolation,						
Perforations						Depth Casing	Shoe		
	TUBING.	CASING AND	CEMENTING R	ECORD					
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
					ļ.,				
V. TEST DATA AND REQUES	ST FOR ALLOWA ecovery of ioial volume o	BLE of load oil and must	be equal to or exceed	l top allowabl	e for this	depth or be for	r full 24 hour.	s.)	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	y toda on and must	Producing Method (Flow, pump, 8	as lift, e	ic.)			
			Casing Pressure			Choke Size			
Length of Tex	Tubing Pressure		Casing Pressure						
Actual Prod. During Test	Oil - Bbis.		Water - Bbis.			Gas- MCF			
GAS WELL			<u> </u>						
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-i	in)	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC.	ATE OF COMP	LIANCE			- D) //	ATION D	11/1610		
I hereby certify that the rules and regula	ations of the Oil Conserv	ration .	OIL	CONSE	- M V Y	ATION L	101310	14	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Date Approved						
N & M					~ !	7 1 line			
Signature (DAV)	By Orig. Signed by Paul Kauts								
Printed Name	ENGIN	Title	Title	G	eologi				
$\frac{1/-2-92}{\text{Date}}$	915-685- Telep	phone No.	FOR RE			g Maria	ADD:	A (1886)	

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.