

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

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

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

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

63914

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

I. Operator EARL R. BRUNO CO. Well API No. 30-025-11800  
Address P.O. Box 590 MIDLAND TEXAS 79702  
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Operator ☒ Casinghead Gas ☐ Condensate ☐  
If change of operator give name and address of previous operator EARL R. BRUNO Box 590 MIDLAND TX 79702

II. DESCRIPTION OF WELL AND LEASE  
Lease Name CARLSON B-26 Well No. 2 Pool Name, including Formation LANGLETT, SR, QN, GB Kind of Lease State, Federal or Fee Lease No. LC032579C  
Location Unit Letter P : 990 Feet From The SOUTH Line and 990 Feet From The EAST Line  
Section 26 Township 25 S Range 37 E, NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☒ Address (Give address to which approved copy of this form is to be sent) Box 4648 HOUSTON TX 77210  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent) SID RICHARDSON GASOLINE 201 MAIN ST. FT. WORTH, TX 76102  
If well produces oil or liquids, give location of tanks. Unit P Sec. 26 Twp. 25 S Rge. 37 E Is gas actually connected? YES When? N/A

If this production is commingled with that from any other lease or pool, give commingling order number: SID RICHARDSON GASOLINE CO. - Eff. 3/1/89

IV. COMPLETION DATA  
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 \_\_\_\_\_ P.B.T.D. \_\_\_\_\_  
Elevations (DF, RKB, RT, GR, etc.) \_\_\_\_\_ Name of Producing Formation \_\_\_\_\_ Top Oil/Gas Pay \_\_\_\_\_ Tubing Depth \_\_\_\_\_  
Perforations \_\_\_\_\_ Depth Casing Shoe \_\_\_\_\_

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  
Date First New Oil Run To Tank \_\_\_\_\_ Date of Test \_\_\_\_\_ Producing Method (Flow, pump, gas lift, etc.) \_\_\_\_\_  
Length of Test \_\_\_\_\_ Tubing Pressure \_\_\_\_\_ Casing Pressure \_\_\_\_\_ Choke Size \_\_\_\_\_  
Actual Prod. During Test \_\_\_\_\_ Oil - Bbls. \_\_\_\_\_ Water - Bbls. \_\_\_\_\_ Gas - MCF \_\_\_\_\_

GAS WELL  
Actual Prod. Test - MCF/D \_\_\_\_\_ Length of Test \_\_\_\_\_ Bbls. Condensate/MMCF \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_  
Testing Method (pilot, back pr.) \_\_\_\_\_ Tubing Pressure (Shut-in) \_\_\_\_\_ Casing Pressure (Shut-in) \_\_\_\_\_ Choke Size \_\_\_\_\_

VI. OPERATOR CERTIFICATE OF COMPLIANCE  
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
J. E. GRAY ENGINEER  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
Date 11-2-92 Telephone No. 915-685-0113

OIL CONSERVATION DIVISION  
JAN 21 1993  
Date Approved \_\_\_\_\_  
By Paul Kanta Orig. Signed by \_\_\_\_\_  
Geologist, \_\_\_\_\_  
Title \_\_\_\_\_  
**FOR RECORD ONLY**

- 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  
APR 26 1993  
OCD HOBBS CT