Appropriate District Office
DISTRICT 1
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

ſ.	TOTRAN	SPORT OIL	AND NA	TURAL GA	AS	5. \			
Operator FARI R BRUNO CO.							APINO. 0-025-11800		
Address 2							7700	<u> </u>	
Reason(s) for Filing (Check proper box) New Well	Change in Tra		CEXA Out	S 7 er (Please explo	9702 ain)				
Recompletion	Oil Dr	ry Gas							
Change in Operator U	$\frac{201}{2}$	RUNO	Box	590	miD	AND	Y-x 7	9702	
and address of previous operator	1700 /C. D	100100	1007						
II. DESCRIPTION OF WELL AND LEASE Lease Name CARLSON B-26 2 LANGLIE MAT				ng Formation Kind of State State			Federal or Fee LC 032 579 C		
Location Unit Letter	: 990 Fe	ed From The <u>Sa</u>	OUTH Lin	e and _ 99	9 <u>6</u> Fe	et From The _	EA57	Line	
Section 26 Townshi	$_{\rm p}$ 255 $_{\rm Rz}$	inge 37 (, N	мрм, С	-E14			County	
	or Condensale	· 🗵	Address (City	e address to w	Hou	STON Y	<u>-x 7</u>	7210	
Name of Authorized Transporter of Casing		Dry Gas 🔀	Address (Giv	main S	T. FT.	WORTH.	7x	6102	
SID RICHARD SON If well produces oil or liquids, give location of tanks.	ell produces oil or liquids, Ugio Sec. Twp. Rge.		Is gas actually connected? When			"N/A			
f this production is commingled with that		l, give commingl	ing order num	ber:					
V. COMPLETION DATA	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
	Designate Type of Completion - (X) Date Compl. Ready to Prod.		Total Depth		1	P.B.T.D.			
Date Spudded	Spudded Date Compi. Ready to From		•						
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			
. TEST DATA AND REQUES	T FOR ALLOWAR	LE			<u>-</u>	l.,		. <u></u> .	
OIL WELL (Test must be after re	ecovery of total volume of le	oad oil and must	be equal to or	exceed top allo	wable for this	depth or be fo	r full 24 hou	rs.)	
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.			G25- MCF				
GAS WELL	<u> </u>			411124	-	10	adagast -	 1	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate				
osting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE OF COMPLI	ANCE		OIL CON	ISERV	ATION E	OIVISIC	N	
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.			Date Approved 2 1 1991						
a 2 h				Orig. Signed by					
Signature . 6RAY ENGINEER Printed Name 11-2-92 915-685-0113				Geologia,					
Printed Name //-2-92	915-685-0	ne No	Title						

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.