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

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

Ene 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

TO TRANSPORT OIL AND NATURAL GAS

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator					well .	API No.	•		
Earl R. Bru	no					30.02	15-1180	00	
Address	0.11.13								
	O Midland, TX 797	02	Oth	er (Please explo	rin)				
Reason(s) for Filing (Check proper bo	Change in Tran	sporter of:		o. (1 .cas asp.	,				
Recompletion	Oil Dry	Gas 🔀							
Change in Operator	Casinghead Gas 🗷 Con-	densate 🔀				· · · · · · · · · · · · · · · · · · ·			
If change of operator give name and address of previous operator									
u. description of wel	LL AND LEASE								
Lease Name	Well No. Pool	Name, Includi	ng Formation	V 6000		of Lease Federal or Fee	_	ease No.	
Carlson B-2	6 2 ha	anglie-	man	X SX-UN C	,B Sale,		, fc0352	/9(e)	
Location	990	From The	outh Lin	99	() E	et From The	East	Line	
Unit Letter	: rea	rioin the	200			2011 IIIO _			
Section 26 Town	nship 25S Ranj	ge 37E	, N	MPM,	Lea			County	
UI DESIGNATION OF TD	ANSPORTER OF OIL A	ND NATU	RAL GAS						
II. DESIGNATION OF TRANSPORTER OF OIL AND NATUR Name of Authorized Transporter of Oil or Condensate				Address (Give address to which approved copy of this form is to be sent)					
Scurlock Permian (or Foration			P.O. BOX 4646 Houston TX 77210						
Name of Authorized Transporter of Ca	-	ry Gas 🔀	1	e address to wh				nt)	
Sid Richardson Carbon & Gasoline Co. 15 Well produces oil or liquids, Upit Sec. Twp. Rge.			201 Main Street Ft World Is gas actually connected? When						
well produces oil or liquids, Unit Sec. Twp. ve location of tanks. D 26 255 3		5 37E				NIA			
f this production is commingled with the	hat from any other lease or pool,	give commingli	ing order numb)					
V. COMPLETION DATA	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completic		Out Well							
Date Spudded	Date Compl. Ready to Prod.	•	Total Depth		200	P.B.T.D.			
		Top Oil/Gas Pay			Taking Death				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			,			Tubing Depth			
erforations						Depth Casing	Shoe		
				10 2200					
	TUBING, CAS		CEMENTI	DEPTH SET	<u> </u>	8	ACKS CEME	NT	
HOLE SIZE	CASING & TUBING	3 2175		DEC TOTOL			7.01.0 02		
			· · · · · · · · · · · · · · · · · · ·						
. TEST DATA AND REQU	EST FOR ALLOWARI.	F.							
IL WELL (Test must be afte	er recovery of total volume of load	d oil and must	be equal to or	exceed top allo	wable for this	depth or be fo	or full 24 hour	s.)	
Date First New Oil Run To Tank	Date of Test		Producing Me	thod (Flow, pw	mp, gas lift, e	tc.)		<u>, </u>	
	T. L. Branco	T. N. D.		Casing Pressure			Choke Size		
ength of Test	Tubing Pressure		Canal Trooper						
Actual Prod. During Test	Prod. During Test Oil - Bbls.		Water - Bols.			Gas- MCF			
						<u> </u>			
GAS WELL			(S) (S)			10			
Actual Prod. Test - MCF/D	Length of Test	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size		
county incured (paor, seek proj								j	
I. OPERATOR CERTIF	ICATE OF COMPLIA	NCE	ے ا		SERVA	TION	OINISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation				DIL CON	OLI IV	T' I' M'	44,571,3	2	
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						
h	h -		Date	, ,pp,0400					
- Many Druai				15 (6) (1) (A)	<u>iri</u> ned di	<u> </u>	KTON		
Signature () Randy Bruno President			By WESTERGY I SUPERVISOR						
Printed Name Title			Title						
	5) 685-0113 Telephone	No.							
Date	Telephode		<u> </u>						

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.