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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL	
GAS	
OPERATOR	
PRORATION OFFICE	

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DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104	
SANTA FE			Supersedes Old C-104 and C-11	
FILE	KEGOEST	REQUEST FOR ALLOWABLE AND		
U.S.G.S.	AUTHORIZATION TO TRA	· ·· · · <del>-</del>	AL CAC	
LAND OFFICE	AUTHORIZATION TO TRA	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
OIL				
TRANSPORTER GAS				
OPERATOR				
PRORATION OFFICE	<del> </del>			
Operator				
Bronco Oil Corpo	oration			
Address	oración			
P. O. Box 5114,	Midland Tayas			
Reason(s) for filing (Check proper b	oox)	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry Ga	ıs 🔲 İ		
Change in Ownership	Casinghead Gas Conder	nsate		
If change of ownership give name	•			
and address of previous owner				
I. DESCRIPTION OF WELL AN	DIFACE			
Lease Name	Well No. Pool Name, Including F	ormation Kind of I	Lease No.	
Dabbs	3 Langlie Matt	ix State, Fe	ederal or Fee Fee	
Location	J Dangile nacc			
F 1	980 Feet From The North Lin	1000 5	han the Mont	
Unit Letter;;	1900 Feet From the NOICIL Lin	reetr	rom ine west	
Land Contact 25	Township 25-S Range	37-E , NMFM,	Lea County	
Line of Section 35	Township 25-S Range	)/-E / 14WIE-W.	Lea	
I DECIONATION OF TRANSPO	ORTER OF OIL AND NATURAL GA	S		
Name of Authorized Transporter of		Address (Give address to which a	approved copy of this form is to be sent)	
Permian Corporati		Box 3110 Midland	Toyac	
Name of Authorized Transporter of		Address (Give address to which a	Texas approved copy of this form is to be sent)	
El Paso Natural G	Unit Sec. Twp. Pge.	Box 1492, El Paso la gas actually connected?	When	
If well produces oil or liquids, give location of tanks.	C 35 25-S 37-E		. 27 Jan 68	
	<del></del>	<u> </u>	<u> </u>	
	with that from any other lease or pool,	give commingling order number:		
V. COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepe	n Plug Back Same Resty, Diff. Resty	
Designate Type of Comple	tion (Y)		ii jag Back Saine (les 11 5111 1135 1	
		X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
12-5-67	1-5-68	3350'	3250'	
Elevations (DF, RKB, RT, GR, etc.		Top Oil/Gas Pay	Tubing Depth	
3012 GL	Queen Sand	3142'	3219'	
Perforations			Depth Casing Shoe	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12-1/4"	8-5/8"	375'	235	
7-7/8"	5-1/2"	<b>3</b> 3441	250	
V TEST DATA AND REQUEST	FOR ALLOWARIE (Test must be a	feer recovery of total volume of land	d oil and must be equal to or exceed top allow	
OIL WELL	able for this de	pth or be for full 24 hours)	d ou dad mast be equal to or exceed top union	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift, etc.)	
12-31-67	1-30-67	Flow		
Length of Teet	Tubing Pressure	Casing Pressure	Choke Size	
24 hrs.		-	18/64"	
Actual Prod. During Test	50 Oil-Bbis.	Water-Bble.	18/64" Ggs • MCF	
154 bbls.	90	64	nil	
GAS WELL	Translation at Management	Phia Cardanaria 0.00	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity or Condensate	
		0-1-5	Chaha Stan	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
		<u> </u>		
I. CERTIFICATE OF COMPLIA	ANCE	OIL CONSE	RVATION COMMISSION	
I hereby certify that the rules ar	nd regulations of the Oil Conservation	APPROVED		
Commission have been complied	Commission have been complied with and that the information given		BY	
above is true and complete to	the best of my knowledge and belief.			
		TITLE		
			i in compliance with RULE 1104.	
· · · · · · · · · · · · · · · · · · ·		If this is a request for	allowable for a newly drilled or deepene	
•	ignature)	well, this form must be according tests taken on the well in	ompanied by a tabulation of the deviatio accordance with RULE 111.	
Vice President		All sections of this for	m must be filled out completely for allow	
	(Title)	able on new and recomplete	ed wells.	
February 2 1968	)	13	V II III and VI for changes of owner	

(Date)

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.