

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

|                        |     |  |
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| U.S.G.S.               |     |  |
| LAND OFFICE            |     |  |
| TRANSPORTER            | OIL |  |
|                        | GAS |  |
| OPERATOR               |     |  |
| PRORATION OFFICE       |     |  |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: John S. Goodrich

Address: P.O. Box 69090, Odessa, Tx 79769-9090

Reason(s) for filing (Check proper box):

New Well      Change in Transporter of:

Recompletion       Oil       Dry Gas

Change in Ownership       Casinghead Gas       Condensate

Other (Please explain):

If change of ownership give name and address of previous owner: Bravo Operating Company, P.O. Box 2160, Hobbs, NM 88241

II. DESCRIPTION OF WELL AND LEASE

|                       |                 |  |  |                 |                       |
|-----------------------|-----------------|--|--|-----------------|-----------------------|
| Lease Name<br>Diamond | Well No.<br>1   | Pool Name, including Formation<br>N. San Simon Yates | Kind of Lease<br>State, Federal or Fee | State<br>State  | Lease No.<br>LG1341   |
| Location              |                 |  |  |                 |                       |
| Unit Letter<br>E      | :               | 1980   | Feet From The<br>North                 | Line and<br>660 | Feet From The<br>West |
| Line of Section<br>20 | Township<br>21S | Range<br>35E   | , NMPM,                                |                 | Lea County            |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |      |      |      |   |
|---|--|------|------|------|---|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/><br>N/A              | Address (Give address to which approved copy of this form is to be sent)   |      |      |      |   |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Phillips | Address (Give address to which approved copy of this form is to be sent)<br>410 Home Savings, Bartlesville, OK 74004 |      |      |      |   |
| If well produces oil or liquids, give location of tanks.  | Unit   | Sec. | Twp. | Rge. | Is gas actually connected? When<br>Yes 08-24-83 |

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

*Cindy E. Howden*  
(Signature)  
Agent  
(Title)  
10/20/87  
(Date)

OIL CONSERVATION DIVISION

APPROVED DFC LC 1917, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
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.

**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, CR, etc.)          | Name of Producing Formation |          | Top Oil/Gas Pay |           |          | Tubing Depth      |              |             |              |
| Perforations                                |                             |          |                 |           |          | Depth Casing Shoe |              |             |              |
| <b>TUBING, CASING, AND CEMENTING RECORD</b> |                             |          |                 |           |          |                   |              |             |              |
| HOLE SIZE                                   | CASING & TUBING SIZE        |          |                 | DEPTH SET |          |                   | SACKS CEMENT |             |              |
|   |                             |          |                 |           |          |                   |              |             |              |
|   |                             |          |                 |           |          |                   |              |             |              |
|   |                             |          |                 |           |          |                   |              |             |              |

**V. TEST DATA AND REQUEST FOR ALLOWABLE** *(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 Tanks |                 | 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            |

ALL INFORMATION CONTAINED  
 HEREIN IS UNCLASSIFIED  
 DATE 11-14-2008 BY 60322 UCBAW