

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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

MAY 11 '88

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Western Reserves Oil Company Inc. 30-005-60292

Address P.O. Box 993 Midland, TX 79702

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership			

Other (Please explain)

If change of ownership give name and address of previous owner Western Reserves Oil Company P.O. Box 993 Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Bravo Federal</u>	Well No. <u>2</u>	Pool Name, including Formation <u>PECOS SLOPE (Abo Gas)</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>12438</u>
Location				
Unit Letter <u>A</u>	<u>660</u> Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>east</u>			
Line of Section <u>7</u>	Township <u>6S</u>	Range <u>25E</u>	<u>NMPM,</u> Chaves County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>ENRON (Transwestern Pipeline Company)</u>	<u>P.O. Box 1188 Houston, TX 77251-1188</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>yes</u> When <u>9/3/82</u>

If this production is commingled with that from any other lease or pool, give commingling order number: Post 10-3

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.

ABerj
(Signature)

President

(Title)

5/3/88

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 16 1988, 19
Original Signed By
BY Mike Williams
TITLE Oil & Gas Inspector

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.