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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

I.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TO TRA	ANSP	ORT O	L AND NA	TURAL G	AS				
Operator								Veil API No. 30-015-22901			
Bravo Operating Company											
P. 0. Box 2160). Hobb	s. Nev	v Mex	ico 88	241						
Reason(s) for Filing (Check proper box)					Oth	er (Please exp	lain)				
New Well Change in Transporter of:											
Recompletion	Oil Ury Gas UCasinghead Gas Condensate C										
Change in Operator If change of operator give name	Changisen	JOES W	Conde								
and address of previous operator											
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Included the property of the property					ine Compation			d of Lease No.			
Lease Name	Well No. Pool Name, Inclu				OW.	State,	State, Federal or Fee K-6775		5775		
Muy Macho Com.											
Unit Letter	L : 2080 Feet From The South Line and 760 Feet From The West Line										
24	20-S Range 27E					мрм,	Eddy	,		County	
Section 24 Township			Range	216	, , , , ,	783 373					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Non- of Authorized Transporter of Oil or Condensale Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Oil		or Condea	asale		Address (Giv	e adaress to w	піст арржочей	copy of this ju	m B 10 0E 3	,	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form									rm is to be s	end)	
Grand Valley Gathering	Company				4200 E.	Skelly	Dr.,Suii	e 560,		OK 74135	
If well produces oil or liquids,	Unit Sec. Twp. Rge				In the transport of the			nen 7 3-17 - 80			
give location of tanks.	<u> </u>	24	205			her		3 17 00			
If this production is commingled with that f IV. COMPLETION DATA	rom any oth	er lease or	pool, gr	ve сопыши <u>в</u>	ing order dum						
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -		<u>i </u>	i_			<u> </u>	<u> </u>	[
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	T, GR, etc.) Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth			
Perforations Depth Casing Shoe											
								<u> </u>			
TUBING, CASING AND					CEMENTI			SACKS CEMENT			
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET		97.07.0			
								<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A	LLOW	ABLE	ail and must	he equal to or	exceed top all	owable for thi	s depth or be f	or full 24 how	rs.)	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Tes		oj ioda	ou and musi	Producing M	thod (Flow, p	ump, gas lift, i	itc.)	-		
Date Like Lea Oil Van 10 1 any	Date of sea							Choke Size			
Length of Test	Tubing Pressure			Casing Press	ire		Choke Size	CHOKE SIZE			
	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF		
Actual Prod. During Test											
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conden	sale/MMCF		Gravity of C	Gravity of Condensate		
					A	760.2 (2)		Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	ire (Situt-10)					
VI. OPERATOR CERTIFICA	ATE OF	COMF	LIAN	NCE			JOEDV	ΔΤΙΩΝΙ Ι	אואובור	N	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					DEC 2 8 1993						
					Date Approved						
am L'Acadstream					Du TOICT II						
					By						
Ann K. Headstream-Production Clerk Printed Name Title						şi	PERVISO				
10-9-93	505-	<u> 397-39</u>			Title						
Date		Tele	phone N	10 .	<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.