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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FEB 10 1983

O. C. D.
ARTESIA, OFFICE

Operator Western Reserves Oil Company ✓	
Address P. O. Box 993, Midland, TX 79702	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Bravo Federal	Well No. 1	Pool Name, including Formation Pecos Slope (Abo)	Kind of Lease State, Federal or Fee Federal	Lease No. NM12438
Location				
Unit Letter I	1980	Feet From The South	Line and 660	Feet From The East
Line of Section 7	Township 6 South	Range 25 East	NMPM,	Chaves County

I. 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Transwestern Pipeline Company	P. O. Box 2521, Houston, TX 77001	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When
	NO	30 days

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

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X						
Date Spudded 2-28-82	Date Compl. Ready to Prod. 5-10-82	Total Depth 4150'	P.B.T.D. 4103'					
Elevations (DF, RKB, RT, GR, etc.) 4100' GR	Name of Producing Formation ABO	Top Oil/Gas Pay 3704	Tubing Depth 3584'					
Perforations 3954-3984 - 13 shots 3806-3816 - 6 shots			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	2 3/8 tubing	3584'						
17 1/2	13 3/8	903'	1000 sx.					
7 7/8	4 1/2	4150'	300 sx.					

III. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 25 MCF	Length of Test 24 HRS.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 900#	Casing Pressure (Shut-in) 700-180	Choke Size 16/64

IV. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

James M. ...
(Signature)
Area Agent for Western Reserves
(Title)
February 18, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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

Hold for Notice of connect -
send 4 pt notice when C-104
is approved

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OPERATOR	
PROMOTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
FEB 10 1983

Form C-104
Supersedes Old C-104 and
Effective 1-1-63

O. C. D.
ARTESIA, OFFICE

Operator Western Reserves Oil Company ✓	
Address P. O. Box 993, Midland, TX 79702	
Reason(s) for filing (check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Bravo Federal	Well No. 1	Pool Name, Including Formation Pecos Slope (Abo)	Kind of Lease State, Federal or Fee Federal	Lease No. NM124
Location				
Unit Letter I	1980	Feet From The South	Line and 660	Feet From The East
Line of Section 7	Township 6 South	Range 25 East	NMPM, Chaves	County

I. 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Transwestern Pipeline Company	P. O. Box 2521, Houston, TX 77001	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		Is gas actually connected? When
		NO 30 days

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

I. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
		X						
Date Spudded 2-28-82	Date Compl. Ready to Prod. 5-10-82	Total Depth 4150'	P.B.T.D. 4103'					
Elevations (DF, RAB, RT, GR, etc.) 4100' GR	Name of Producing Formation ABO	Top Oil/Gas Pay 3704	Tubing Depth 3584'					
Perforations 3954-3984 - 13 shots	3806-3816 - 6 shots	Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	2 3/8 tubing	3584'						
17 1/2	13 3/8	903'	1000 sx.					
7 7/8	4 1/2	4150'	300 sx.					

I. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top of able 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 25 MCF	Length of Test 24 HRS.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 900#	Casing Pressure (shut-in) 700-180	Choke Size 16/64

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

James M. ...
(Signature)
Agent for Western Reserves
(Title)
February 08, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.
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All sections of this form must be filled out completely for all able on new and recompleted wells.
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Separate Forms C-104 must be filled for each pool in multi completed wells.

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PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
FEB 10 1983

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

O. C. D.
ARTESIA, OFFICE

Operator Western Reserves Oil Company	
Address P. O. Box 993, Midland, TX 79702	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Bravo Federal	Well No. 1	Pool Name, including Formation Pecos Slope (Abo)	Kind of Lease State, Federal or Fee Federal	Lease No. NM124
Location				
Unit Letter I	1980	Feet From The South	Line and 660	Feet From The East
Line of Section 7	Township 6 South	Range 25 East	NMPM,	Chaves
				Count

I. 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Transwestern Pipeline Company	P. O. Box 2521, Houston, TX 77001	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When
	NO	30 days

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

I. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
		X						
Date Spudded 2-28-82	Date Compl. Ready to Prod. 5-10-82	Total Depth 4150'	P.B.T.D. 4103'					
Elevations (DF, RKB, RT, GR, etc.) 4100' GR	Name of Producing Formation ABO	Top Oil/Gas Pay 3704	Tubing Depth 3584'					
Perforations 3954-3984 - 13 shots 3806-3816 - 6 shots			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	2 3/8 tubing	3584'						
17 1/2	13 3/8	903'	1000 sx.					
7 7/8	4 1/2	4150'	300 sx.					

I. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top of well 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 25 MCF	Length of Test 24 HRS.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 900#	Casing Pressure (shut-in) 700-180	Choke Size 16/64

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

James M. ...
(Signature)
NRG Agent for Western Reserves
(Title)
February 18, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and
Effective 1-1-65

FEB 10 1983

O. C. D.

ARTESIA, OFFICE

Operator
Western Reserves Oil Company

Address
P. O. Box 993, Midland, TX 79702

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Bravo Federal	Well No. 1	Pool Name, including Formation Pecos Slope (Abo)	Kind of Lease State, Federal or Fee Federal	Lease No. NM124
Location Unit Letter I ; 1980 Feet From The South Line and 660 Feet From The East Line of Section 7 Township 6 South Range 25 East, NMPM, Chaves Count				

I. 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Company	P. O. Box 2521, Houston, TX 77001
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	NO 30 days

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

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
		X						
Date Spudded 2-28-82	Date Compl. Ready to Prod. 5-10-82	Total Depth 4150'	P.B.T.D. 4103'					
Elevations (DF, RKB, RT, CR, etc.) 4100' GR	Name of Producing Formation ABO	Top Oil/Gas Pay 3704	Tubing Depth 3584'					
Perforations 3954-3984 - 13 shots 3806-3816 - 6 shots			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	2 3/8 tubing	3584'						
17 1/2	13 3/8	903'	1000 sx.					
7 7/8	4 1/2	4150'	300 sx.					

III. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 25 MCF	Length of Test 24 HRS.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 900#	Casing Pressure (shut-in) 700-180	Choke Size 16/64

IV. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

James M. ...
(Signature)
NRCE Agent for Western Reserves
(Title)
February 18, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
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Form C-104
Supersedes Old C-104 and
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FEB 10 1983

O. C. D.

APPROVAL OFFICE

Operator
Western Reserves Oil Company

Address
P. O. Box 993, Midland, TX 79702

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Bravo Federal	Well No. 1	Pool Name, including Formation Pecos Slope (Abo)	Kind of Lease State, Federal or Fee Federal	Lease No. NM124
Location Unit Letter I ; 1980 Feet From The South Line and 660 Feet From The East Line of Section 7 Township 6 South Range 25 East , NMPM, Chaves Count				

I. 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Transwestern Pipeline Company	P. O. Box 2521, Houston, TX 77001					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					NO	30 days

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

II. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
			X						
Date Spudded 2-28-82	Date Compl. Ready to Prod. 5-10-82	Total Depth 4150'		P.B.T.D. 4103'					
Elevations (DF, RKB, RT, GR, etc.) 4100' GR	Name of Producing Formation ABO	Top Oil/Gas Pay 3704		Tubing Depth 3584'					
Perforations 3954-3984 - 13 shots 3806-3816 - 6 shots		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
	2 3/8 tubing	3584'							
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III. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top of 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 25 MCF	Length of Test 24 HRS.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
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February 18, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

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NM OIL CONS. COMMISSION

Drawer DD

Artesia, NM

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FEB 11 1983

O. C. D.

ARTESIA, OFFICE

FEB 10 1983

OIL & GAS

MINERALS MGMT. SERVICE

ROSWell, NEW MEXICO

Operator

Western Reserves Oil Company

Address

P. O. Box 993, Midland, TX 79702

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
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I. DESCRIPTION OF WELL AND LEASE

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Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 25 MCF	Length of Test 24 HRS.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 900#	Casing Pressure (shut-in) 700-180	Choke Size 16/64

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OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY _____

TITLE _____

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