

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-104  
Revised 10-01-78  
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MAY 11 '88

O. C. D.  
SANTA FE OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.B.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

I. Operator  
Western Reserves Oil Company Inc. ✓

Address  
P.O. Box 993 Midland, TX 79702

Reason(s) for filing (Check proper box)  
☐ New Well  
☐ Recompletion  
☒ Change in Ownership  
☐ Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate  
 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 Bravo Federal	Well No. 4	Pool Name, including Formation PECOS SLOPE (Abo Gas)	Kind of Lease State, Federal or Fee Federal	Lease No. 12438
Location Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>south</u> Line and <u>660</u> Feet From The <u>east</u> Line of Section <u>30</u> Township <u>6S</u> Range <u>25E</u> , NMPM, 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)
ENRON (Transwestern Pipeline Company)	P.O. Box 1188 Houston, TX 77251-1188
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	yes 9/3/82

If this production is commingled with that from any other lease or pool, give commingling order number: Post 1003

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.

*AP Benf*

(Signature)

President

(Title)

5/3/88

(Date)

OIL CONSERVATION DIVISION

MAY 16 1988

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY Original Signed 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 filled for each pool in multiply completed wells.