

DISTRIBUTION	
SA	TA FE
S	
G.S.	
D OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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 C-110
Effective 1-1-65

I. OPERATOR

Operator
M & W OF LOVINGTON, INC.

Address
P.O. BOX 922 LOVINGTON, NEW MEXICO 88260

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter	☐	Other (Please explain)
Recompletion	☐	Oil	☐	
Change in Ownership	☒	Casinghead Gas	☐	

If change of ownership give name and address of previous owner
BRAVO Operating Company, Box 2160, Hobbs, N.M. 88241-2160

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEW MEXICO AN STATE	Well No. 1	Foot Name, Borehole, etc. TOWNSEND PERMO PENN UPPER	Kind of Lease State, Federal or Free STATE	Lease No. E-735
Unit Letter G	1980	Feet From The North	1980	Feet From The East
Line of Section 36	Township 15S	Range 34E	Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P O Box 1183, Houston, Tx. 77001
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P O Box 1589, Tulsa Okla. 74102
If well produces oil or liquids, give location of tanks. Unit: G, Sec: 36, Twp: 15S, Range: 34E	Is it directly connected? Yes

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

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		F.R.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Oil-Gas Pay		Testing Depth			
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. 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)

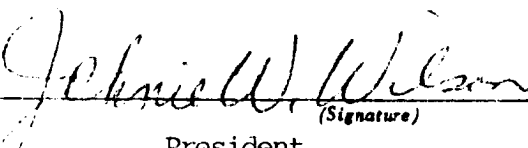
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Gas-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Oil, Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.


(Signature)
President
(Title)
4/15/88
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 25 1988, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE 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.