

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                       |     |  |
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| LAND OFFICE           |     |  |
| TRANSPORTER           | OIL |  |
|                       | GAS |  |
| OPERATOR              |     |  |
| PROMOTION OFFICE      |     |  |

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

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|   |  |  |              |
|---|--|--|--------------|
| Operator<br>Bravo Operating Company           |  |  | 30-025-05442 |
| Address<br>P. O. Box 2160, Hobbs, N. M. 88241 |  |  |              |
| Reason(s) for filing (Check proper box)       |  | Other (Please explain)                                   |              |
| <input type="checkbox"/> New Well             | Change in Transporter of:  | Change of Operator<br>Former Operator-Bravo Energy, Inc. |              |
| <input type="checkbox"/> Recompletion         | <input type="checkbox"/> Oil   |  |              |
| <input type="checkbox"/> Change in Ownership  | <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate |  |              |

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|   |               |   |  |           |
|---|---------------|---|--|-----------|
| Lease Name<br>Rice  | Well No.<br>1 | Pool Name, including Formation<br>Hobbs Grayburg San Andres | Kind of Lease<br>State, Federal or Fee Fee | Lease No. |
| Location<br>Unit Letter <u>H</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> |               |   |  |           |
| Line of Section <u>13</u> Township <u>18S</u> Range <u>37E</u> , NMPM, Lea County                                       |               |   |  |           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS INJECTION WELL


|   |  |
|---|--|
| 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) |
| If well produces oil or liquids,<br>give location of tanks.   | Unit Sec. Twp. Rge. Is gas actually connected? When                      |

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

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.

  
\_\_\_\_\_  
Engineer (Signature)  
\_\_\_\_\_  
July 11, 1989 (Date)  
\_\_\_\_\_  
(Title)

OIL CONSERVATION DIVISION  
JUL 13 1989  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_ ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
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 completed wells.

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100-100000

RECEIVED

JUL 12 1989

OCD  
HOBBS OFFICE