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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, winerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

Р.О. Вох 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	-	TO TE	RANS	SPC	DRT OIL	_ AND NA	TURAL G	AS				
Operator								Well	<b>ステリ ト</b> iō: RO_025_0!	5443		
BRAVO OPERATING	COMPANY	COMPANY						30-025-05443				
P. 0. Box 2160,	Hobbs,	New 1	Mexic	co	88241							
Reason(s) for Filing (Check proper box)						Oth	et (Please expl	ain)				
New Well	Oil	Change	in Trac Dry									
Recompletion	Casinghead				r1							
if change of operator give name					- · · · · · · · · · · · · · · · · · · ·							
and address of previous operator	ANDIE	CE										
L DESCRIPTION OF WELL AND LEASE  ease Name  Well No.   Pool Name,				me, Includi				of Lease Lease No.				
RICE	2 Hobbs Gra					yburg Sa	n Andres	State,	Federal or Fee	<u>-</u>		
Location	001	0				Nonthe	. 16	50 e.	et From The	East	Line	
Unit Letter G	_ :231	U	Feet	t Fro	m The	NUT UI Lin	and16	<u> </u>	^ **			
Section 13 Townshi	ip 18	S	Ran	ge	37E	, Ni	ирм,		Lea		County	
III. DESIGNATION OF TRAN	ICPADTF1	R OF (	OII. A	ND	NATU	RAL GAS						
Name of Authorized Transporter of Oil	STORIES	or Cond	lensate	٦. نت		Address (GIV	e address to w					
EOTT Oil Pipeline Co						P.O. B	OX 4666.	Houston	1. Texas	77210-4	4666	
Name of Authorized Transporter of Casin			or D	ry G		Address (CIN	e adaress to wi	исп аругочеи	copy of this to	7 M S 10 0E 31	,	
[f well produces oil or liquids,	Unit	Sec. Tw		rp. Rge		. In gas actually connected?		When	When ?			
give location of tanks.	i F i		13 I 1		37E	Yes			8-15-1956			
f this production is commingled with that	from any othe	er lease o	or pool,	give	commingi	ing order numb	жг:					
V. COMPLETION DATA		Oil W	ell	Gı	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		i	i			1		<u>L</u>		: L		
Date Spudded	Date Compi	i. Ready	to Prod	L		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas	Pay		Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)									<b>8</b>			
Perforations	<u></u>								Depth Casing	g Shoe		
		I IDINI	CAS	CIN	G AND	CEMENTI	NG RECOR	D			· · · · · · · · · · · · · · · · · · ·	
TUBING, CASING ANI HOLE SIZE CASING & TUBING SIZE						CENTERIN	DEPTH SET		SACKS CEMENT			
HOLL OILL									ļ			
									ļ			
	<del> </del>								<u> </u>			
. TEST DATA AND REQUES	T FOR A	LLOW	VABL	E								
IL WELL (Test must be after n	ecovery of low	al volum	e of loa	d oil	and musi	be equal to or	exceed top allo	mable for this	depth or be fo	r full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)						
ength of Tex	Tubing Pressure					Casing Pressu	re		Choke Size	Choke Size		
						Mirana Dhia			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.						
	L					L						
GAS WELL Actual Prod. Test - MCF/D	Length of Test					Bbls. Condens	ate/MMCI		Gravity of Condensate			
Second 1 for 1 set . Highly									Mata Stan			
ting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressu	re (Shut-in)		Choke Size				
	<u></u>								L			
I. OPERATOR CERTIFICA					Œ	C	IL CON	SERVA	TION [	ZIXISIC	N	
I hereby certify that the rules and regula Division have been complied with and t	hat the inform	nation gi	ven abo	ve				NU	VUZE	993		
is true and complete to the best of my k	nowledge and	l belief.	ι			Date	Approved	<b></b>				
Com & Ma - Litter						ORIGINAL SIGNED BY JERRY SEVEN						
Signature						By DISTRICT I SUPERVISOR						
Ann K. Headstream	-Product	tion	Cler	·k		mgary a d =	Annah.			4.45		
Printed Name October 27, 1993	505-	-397-				Title						
Date			iephone			1						

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.