Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210	·			Box 2088 Mexico 87504-2088				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQL	JEST FO	OR ALLOWA	ABLE AND AUTHORI	ZATION AS			
. TO THANSPURITOR				AL MID IN TOTAL C.	Well Al'I No.			
BRAVO OPERATING CO	MPANY				3	0-025-05	444	
P. 0. Box 2160, Ho	obbs, N.	M. 88	241	Other (Please expl	ain)			
Reason(s) for Filing (Check proper box) New Well		Change in	Transporter of:	Outer (1 was exp.	<i>,</i>			
Recompletion	Oil		Dry Gas					
Change in Operator	Casinghea	d Gas	Condensate					
If change of operator give name and address of previous operator								
II. DESCRIPTION OF WELL	AND LEA	SE						
Lease Name	Well No.	Pool Name, Inclu	State		of Lease , Federal or Fee			
Rice		3	<u>Hobbs Gr</u>	ayburg San Andres			=	
Location Unit LetterA	. 99	00	Feet From The _	North Line and 4	80F	eet From The	East	Line
Section 13 Townshi	p 18	BS I	Range	37E , NMPM,		Lea		County
III. DESIGNATION OF TRAN	SPORTEI	R OF OII	L AND NAT	URAL GAS				
Name of Authorized Transporter of Oil	(X)	or Condens	ate	Address (Give address to wi				
EOTT Oil Pipeline	Company			P. O. Box 4666, Address (Give address to wh	1. TX 77210-4666			
Name of Authorized Transporter of Casing	ghead Gas	·	or Dry Gas [Address (Give adaress to wit	исп арргочес	i copy of inis jo	TIM ES 10 DE SEIA	,
(S) (GQS () If well produces oil or liquids,	Unit	Sec.	Twp. Rg	e. Is gas actually connected?	When	1 7		
give location of tanks.	A i	13	18S 37E	Yes		8-1	5-1956	
f this production is commingled with that	from any other	er lease or pe	ool, give commis	gling order number:				
IV. COMPLETION DATA				At W. U. W. At	Deemen	Plug Back	Same Res'v	Diff Reg'y
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well Workover	Deepen	Flug Back	Salife Nes v	
		l. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing For	mation	Top Oil/Gas Pay		Tubing Depth		
Perforations	<u> </u>					Depth Casing	Shoe	
		UDING (CACINIC ANI	CEMENTING RECOR	<u>D</u>	<u> </u>		
1101 F 017E	ING & TUE		DEPTH SET	SACKS CEMENT				
HOLE SIZE								
. TEST DATA AND REQUES	T FOR A	LOWA	RI.E.			<u> </u>		
). LEST DATA AND REQUES)IL WELL (Test must be after re	ecovery of tole	al volume of	load oil and mu	st be equal to or exceed top allo	wable for thi	s depth or be fo	or full 24 hours.	<u>) </u>
Date First New Oil Run To Tank	Date of Test		-	Producing Method (Flow, pu	mp, gas lift, e	etc.)		
Length of Test	Tubing Pressure			Casing Pressure	Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.		Gas- MCF		
	<u> </u>					<u> </u>		
GAS WELL				Bbls. Condensate/MMCF		Gravity of Co	ndenssie	
Actual Prod. Test - MCF/D	Length of Test			DOIS, CORGERNATIVICE		Charley or Condition		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)	Choke Size			
I hereby certify that the rules and regula Division have been complied with and the true and complete to the best of my known to the complete to the best of the best of my known to the complete to the best of the best of my known to the complete to the best of the complete to the complete to the best of the complete to t	tions of the C	il Conservat	tioa	OIL CON		ATION E		1
Signature Ann K. Headstream-Production Clerk				Ву		RICT I SUPI	JERRY SEXTERVISOR	ION
Printed Name	am-ri ou		itle	Title				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

10-27-93

- 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.

505-397-3970 Telephone No.

- 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 Porm C-104 must be filed for each pool in multiply completed wells.