

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau, 401004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Bravo Operating Company

3. Address and Telephone No.

P. O. Box 2160, Hobbs, 88241 505-397-3970

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit Letter E., Section 35, T21S, R37E

5. Lease Designation and Serial No.

LC 067908

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

E. M. Elliott #1

9. API Well No.

30-025 07036

10. Field and Pool, or Exploratory Area

Drinkard

11. County or Parish, State

Lea County, N.M.

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ Other \_\_\_\_\_  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☒ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Produced Water Is Injected Into Rice Engineering Blinebry-Drinkard  
Salt Water Disposal System.

- (a) Blinebry-Drinkard  
(b) 8 Bbls. Water/Day  
(c) Water Analysis Attached  
(d) (e) Water is dumped directly from heater into Rice Disposal System.  
(f) Rice Engineering-Well C-2, NE/4 NW/4 Sec. 2-Twp 21, Rge. 37,  
Permit No. R 4495.

RECEIVED  
OCT 29 11 53 AM '93  
CARRILLO

14. I hereby certify that the foregoing is true and correct

Signed Gary F. Conroy  
(This space for Federal or State office use)

Title Consultant

Date 10-19-93

Approved by Shannon J. Shaw  
Conditions of approval, if any:

Title PETROLEUM ENGINEER

Date 11/29/93

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

Downhole Water Analysis  
Copyright 1991,1993, Nalco Chemical Company

10/22/1993  
BRAVO ENERGY

CLIENT NAME : HOBBS NM  
CLIENT LOCATION: ELLIOTT # 1

Well Number : HEATER

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# DISSOLVED SOLIDS

Cations		mg/l	meq/l		mg/l
Sodium	Na+	55394.3	2408.4	as NaCL	0.0
Calcium	Ca++	8409.4	419.6	as CaCO3	21000.0
Magnesium	Mg++	1457.0	119.9	as CaCO3	6000.0
Barium	Ba++	0.0	0.0	as CaCO3	0.0
Strontium	Sr++	0.0	0.0	as CaCO3	0.0
Total Cations		65260.8	2948.0		
Anions		mg/l	meq/l		mg/l
Chloride	Cl-	103732.9	2925.9	as NaCL	171000.0
Sulfate	SO4=	290.8	6.1	as Na2SO4	430.0
Carbonate	CO3=	0.0	0.0	as CaCO3	0.0
Bicarb.	HCO3-	975.2	16.0	as CaCO3	800.0
Total Anions		104998.9	2948.0		
Total Solids		170259.7			

# METALS

Total Iron, Fe	0.3	as Fe	0.3
Acid to Phen, CO2	176.0	as CaCO3	400.0

# OTHER PROPERTIES

pH	6.6
Specific Gravity	1.0
Turbidity jtu	0.0
Oxygen, as O2 ppm	0.0
Sulfide as H2S ppm	40.0
Temperature F	65.0

>>> Scaling Indices <<<

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

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

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

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  
Santa Fe, New Mexico 87504-2088

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Bravo Operating Company	Well API No. 30-025-07036
Address P. O. Box 2160, Hobbs, N. M. 88241	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name E. M. Elliott	Well No. 1	Pool Name, including Formation <del>Bellevue</del> -Drinkard	Kind of Lease State, Federal or Fee	Lease No. LC-067908
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>N</u> Line and <u>560</u> Feet From The <u>W</u> Line Section <u>35</u> Township <u>21-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texaco New Mexico Pipeline</u>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Texaco Exploration and Production, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 730, Hobbs, N. M. 88241</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>35</u>	Twp. <u>21S</u>	Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u>	When? <u>10-17-1946</u>

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			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

### GAS WELL

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

### VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Ann K. Headstream  
Signature  
Printed Name  
Date  
February 20, 1992  
Telephone No.  
505 397-3970

### OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_  
By ORIGINAL SIGNED BY JERRY EZZELON  
DISTRICT SUPERVISOR  
Title \_\_\_\_\_

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.