Submit 5 Copies Appropriate District Office 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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	<u> </u>	OTRA	NSP	ORT OIL	AND NA	TURAL G	AS	Well A	Pl No.			
Operator Bravo Operatin	g Compa	ny										
Address P. O. Box 2160			1. 88	8241								
Reason(s) for Filing (Check proper box)					Oth	er (Please expl	lain)					
New Well	Oil	Change in	Dry G	1 1								
Recompletion	Casinghead	_	Conde	_								
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LEA	SE										
Lease Name	Well No. Pool Name, Include					1 /			Kind of Lease State, Federal or Fee		ease No.	
E. M. Elliott		1	<u>B1</u>	inebry-						LC-067908		
Location Unit LetterE	: 1980 Feet From The N Line and 560 Feet From The W Line									Line		
Section 35 Township	, 21-	S	Range	3	7-E , N	мрм,	<u>Lea</u>				County	
THE DESIGNATION OF TRANSPORTED OF OIL AND NATURAL GAS												
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)												
/) (/)	Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Casing	and Production. Inc. \perp				P. O. Box 730, Hobbs							
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	ls gas actually connected? When							
give location of tanks. If this production is commingled with that i	H H		21S	37E	Yes	ber:			0-17-19	146		
IV. COMPLETION DATA	rom any ous	, rouse or p								·	- C	
	(%)	Oil Well		Gas Well	New Well	Workover	Dee	pen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	Date Compl	. Ready to	Prod.		Total Depth	<u> </u>	.L	نــــــ	P.B.T.D.	l		
					7 A'10 - P.							
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
Perforations									Depth Casin	g Shoe		
		UDDIC	CASI	INC. AND	CEMENTI	NG RECOR	SD.		!			
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT		
HOLE SIZE	HOLE SIZE SHOWLE STATE											
								 				
	 											
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE	E				e ali:	. dameh on ha	for full 24 hou	ere l	
OIL WELL (Test must be after re	covery of tol	al volume o	of load	oil and must	be equal to or Producing M	ethod (Flow, p	ump, ga	s lift, e	ic.)	OF Juli 24 1100	3.,	
Date First New Oil Run To Tank	Date of Test											
Length of Test	Tubing Pressure				Casing Pressure				Choke Size			
Total Day of Total	Oil - Bbls.				Water - Bbls.				Gas- MCF			
Actual Prod. During Test	Oli - Bois.											
GAS WELL									10	San danianta		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
regard thouse (hass) area h. A					\ <u></u>				<u> </u>			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE	(NSE	RV	ATION	DIVISIO	ON	
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.					Date Approved							
0.11/	1-/1	2 -										
Signature					By ORIGINAL SIGNED BY JERRY SERTON DISTRICT I SUPERVISOR							
Signature ANN K. Headstream Traduction Clerk						•	• • • • • •				, :	
Printed Name	1992	5o5	Title 39	7.3970	Title							
Date		Telej	phone	No.						<u></u>		

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.