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

-+ ----

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 State of New Mexico Ener_____Minerals and Natural Resources Department Ť

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. | | TO | TRANSPORT OIL | . AND M | IATURAL GAS | | |
|--|-------------------|---------------|------------------------|---------|------------------------|--------------|--|
| Operator | | | | | | Well API No. | |
| | Tempo En | ergy, Inc. | | | | | |
| Address | 4000 N. | Big Spring, | Suite 109, | Midla | und, Texas 7 | 79705 | |
| Reason(s) for Fil | ing (Check proper | box) | | | Other (Please explain) | | |
| New Well | | | nge in Transporter of: | | | | |
| Recompletion | | | 🗍 Dry Gas | | | | |
| Change in Opera | itor XX | Casinghead Ga | s []] Condensate []] | | | | |
| If change of oper and address of pr | | Bravo Ope | erating Compa | iny - | Effective 3 | July 1, 1989 | |

II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Federal | | 1 Post Nam | | mation 5. C. F. Hay | | Kind of Lease -State, Federal o r Fee | Lea NM-38 | use No. B 4 7 3 |
|----------------|-------------|-------------|------------|---------------|------------------------|-----|---|--------------|--------------------|
| Location Ur | nit Letter | 660 |)Feet From | u The | Line and | 990 | Feet From The | West | Line |
| Se | ection 7 To | wnship 21-S | Range | 3 2 -Е | , NMPM, | | | Lea | County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authonized Transporter of Oil Permian | XX | or Condens | ale | | | | | proved copy of this Hcuston | | | |
|---|------|------------|------------|-------|--------------|-------------|-------------|--------------------------------|------------|----------|--|
| Name of Authorized Transporter of Casim Texacio Producis | | | or Dry Ga | 15 [] | Address (G | ive address | to which ap | proved copy of this | form is to | be sent) | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | 1wp. | Rze. | ls gas actua | lly connect | ied? | When 7 | | | |
| | ć. | а і . | | | | | | taria a | 111 | | |

If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA

| | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
|------------------------------------|--------------|-----------------|-----------|-------------|-----------|--------|-------------|------------|------------|
| Designate Type of Completic | on - (X) | ļ | 1 | 1 | l | 1 | 1 | 1 | |
| Date Spudded | Date Com | pl. Ready to Pr | ud. | Total Depth | · | .1 | P.B.T.D. | • | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of P | roducing Form | ation | Top Oil Gas | Pay | | Tubing Dep | th | |
| Perforations | | | | | | | Depth Casir | ng Shoe | |
| | | rubing, C | ASING AND | CEMENTI | NG RECOR | D | <u> </u> | | |
| HOLE SIZE | CA | SING & TUBI | NG SIZE | | DEPTH SET | | | SACKS CEM | ENT |
| | | | | | | | | | |
| | - | | | | | | | | |

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 | Longth of Test | Bbls. Condensate/MMCF | Gravity of Cor.densate |
|---|--|---------------------------|------------------------|
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut in) | Casing Pressure (Shut-in) | Choke Size |
| VI. OPERATOR CERTIFIC I hereby certify that the rules and regu Division have been complied with and is true and complete to the best of my | lations of the Oil Conservation that the information given above | OIL CONSERV/ | ATION DIVISION |

| Signature Brochillent Brochillent | - The Market | |
|-----------------------------------|-----------------------------------|-------------------|
| Signature The December December 1 | | By sector sectors |
| T. B. Garber, Presidence [] | Signature T. B. Garber, President | |
| Printed Name Tale Title | | Title |
| August 21, 1989 915-686-0431 | | |
| Date Telephone No. | Date Telephone No. | |

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.