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Appropriate District Office
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator: Tempo Energy, Inc. Well API No. _____
Address: 4000 N. Big Spring, Suite 109, Midland, Texas 79705
Reason(s) for Filing (Check proper box) ☐ Other (Please explain) _____
New Well ☐ Change in Transporter of: _____
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☒ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator: Bravo Operating Company - Effective July 1, 1989

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Federal "7" Well No.: 1 Pool Name, including Formation: Permian Kind of Lease: State - Federal or Fee Lease No.: NM-38473
Location: Unit Letter: B : 660 Feet From The North Line and 990 Feet From The West Line
Section: 7 Township: 21-S Range: 38-E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: Permian ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent): P. O. Box 1183, Houston, TX 77251
Name of Authorized Transporter of Casinghead Gas: Leuco Producing Inc ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent): _____
If well produces oil or liquids, give location of tanks: Unit: _____ Sec: _____ Twp: _____ Rpt: _____ Is gas actually connected? _____ When? _____

If this production is commingled with that from any other lease or pool, give commingling order number: BHC - 416

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 liquid 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/MCF: _____ 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.
Signature: T. B. Garber
Printed Name: T. B. Garber, President Title: _____
Date: August 21, 1989 915-686-0431 Telephone No.: _____

OIL CONSERVATION DIVISION

Date Approved: Aug 21 1989
By: _____
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 well in multiple completed wells.