Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico

En. , 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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7	OTRA	NSPORT (OIL AND NA	TURAL G					
Operator Operating		Well API No. 30 - 025 - 27/								
Bravo Operating	Company						0 - 0 a	12 - a	7/64	
P. O. Box 2160,	Hobbs,	New Me	xico 8824							
Reason(s) for Filing (Check proper box)		Change in	Tennemorter of:	∐ O:	her (Please exp	lain)				
New Well Recompletion	Oil	~~~	Transporter of: Dry Gas]						
Change in Operator	Casinghead		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, Incl	uding Formation		. 1 _	of Lease	1 1 -	ease No.	
KODERTS			NODIA	E Blivet	ory, Wes	State,	Federal or Fe	tee		
Location	1 /	A		52/11	. 6	60 E	et From The	East	Line	
Unit Letter	_ : <i>6 </i>	<u></u>	Feet From The		se and	F	,		1100	
Section 5 Township	, 20	<u>5</u>	Range 3	1. 38	MPM,		hea)	County	
Ш. DESIGNATION OF TRAN	SPADTF1	OF OI	I. AND NAT	TIRAL GAS						
Name of Authorized Transporter of Oil		or Condens		Address (Gi	ve address to w				eni)	
Sun Refining and Mark		ompany			Box 2039					
lame of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sen								int)		
Warren Petro If well produces oil or liquids,	Unit Sec. Twp. Rge. Is gas actually connected? When?									
give location of tanks.	Pi	<u>5</u> i	20s 38			L				
f this production is commingled with that f	rom any othe	r lease or p	ool, give commi	ngling order nur	ber:					
V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i						İ		
Date Spudded	Date Compl	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation								roong beput		
Perforations							Depth Casin	g Shoe		
					Na prach	D.	<u> </u>			
HOLE 0175			CASING AN. BING SIZE	D CEMENTI	CEMENTING RECORD DEPTH SET			SACKS CEMENT		
HOLE SIZE	CAS	110 0 101	BITG OILL							
			 . -							
. TEST DATA AND REQUES	T FOR AL	LOWA	BLE				L			
IL WELL (Test must be after re	covery of total	i volume oj	fload oil and mu	ist be equal to or	exceed top allo	owable for this	depth or be j	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing M	ethod (Flow, pu	ımp, gas lift, e	Ic.)			
and of Total	Casing Press	ine		Choke Size						
ength of Test	Tubing Pressure									
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.	Water - Bbis.			Gas- MCF		
							<u> </u>			
GAS WELL	T			Bbis, Conden	ente/MMCF		Gravity of C	ondensale		
Actual Prod. Test - MCF/D	Length of Te	•		Buis. Couden	Bule. Concentration					
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
							l			
I. OPERATOR CERTIFICA				(DII CON	SERVA	MOITA	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION APR 4 1990					
is true and complete to the best of my kn	owledge and	belief.		Date	Approved	d		TIJC	NJ	
		_		Daile	pp: 0 v 0 (
					ByORIGINAL SIGNED BY JERRY SEXTON					
J. T. Janica Vice President				-, _	DISTRICT I SUPERVISOR					
Printed Name March 29, 1990	505-397	-	ide	Title				· · · · · · · · · · · · · · · · · · ·		
Date 1990	303-33/		one 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.