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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	HEGO	TO TRA	NSP	ORT OIL	AND NA I	UNAL GAG	े । Wall XI	No.				
perator		<u> </u>							_ 272	84		
BRAVO OPERATING COMPA	NY											
P. O. Box 2160, Hobbs		Mexico	882	41								
eason(s) for Filing (Check proper box)					Other	(Please explain	1)					
lew Well		Change in	Transp Dry G						•			
ecompletion	Oil Codesber	id Gas 🔲	•									
hange in Operator	Changion						.,					
change of operator give same d address of previous operator					2 1 1	I D	0027	8/11	193			
L DESCRIPTION OF WELL A	IND LE	ASE	Deck N	lame, Includin	e Formation	CK Dr	Kind o	Lease ederal or Fee		ase No.		
ease Name		Mell 140	<i>N</i> 2	DINE 1	Blivelit	y West	State, I	edeni or rec	Fe	<u>e</u>		
EGGBERT									EAST	Line		
Ocation Unit Letter	. 19	80	_ Feet F	rom The Mo	hth Line	and66	<u>U</u> Fee	t From The _				
•	205	-	Dance	388	, NM	IPM,		hea		County		
	205											
I. DESIGNATION OF TRANS	SPORTE	R OF O	IL A	ND NATUR	AL GAS	address to whi	ch approved	copy of this fo	rm is to be se	nl)		
iame of Authorized Transporter of Oil		or Conde	ngale		0001 Was	thaimer.	Suite	yuu, nu	us con i	1707E		
Petro Source Partners	s, Ltd	. 52	or Dr	y Gas 🗀	Address (Give	address to whi	ch approved	copy of this fo	orm is to be se	nt)		
Name of Authorized Transporter of Casing	nead VIII	 					When					
If well produces oil or liquids,	Unit Se		Twp.		ls gas actually connected?		Aueu	7-24-81				
	i H	18	120	5138E			DHC	-461	3			
this production is commingled with that f	from any of	ner lease of	pool, [A A AMERICAN				Dive Deat	Same Res'v	Diff Res'v		
V. COMPLETION DATA		Oil We	ii T	Gas Well	New Well	Workover	Deepen	Ling Rack	Danie ves	_		
Designate Type of Completion -	- (X)	i	1		Total Depth			P.B.T.D.	<u></u>			
Onte Spudded	Date Corr	npi. Ready i	to Prod.		10m pehri							
	1220000 00	Denducine !	Pormatic		Top OiVOas	Pay		Tubing Dep	th			
Elevations (DF, RKB, RT, GR, etc.)	Name or	Name of Producing Formation				,			Depth Casing Shoe			
Perforations)				
				TNC AND	CEMENTI	NG RECOR	D					
		ASING & 1	I IDINO	SIZE	CDIVIDA	DEPTH SET		ļ	SACKS CEA	ENI		
HOLE SIZE	 	ASING a	Oblive	, 0				ļ				
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		11100	VADI	F	<u> </u>							
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ST FOR	ALLUV Milov later	e of loa	id oil and must	be equal to o	exceed top all	owable for th	is depth or be	for full 24 no	183.)		
OIL WELL (Test must be after t	Date of	Toda Total			Producing M	lethod (<i>Flow. p</i> :	emp, gas lift,	eic.)				
		1627			1,00200.00					Choke Size		
Date First New Oil Run To Tank												
Date First New Oil Run 10 Tank Length of Test	Tubing F				Casing Press			Choke Size	e			
Length of Test	Tubing F	Pressure				nire			e			
		Pressure			Casing Press	nire		Choke Size	e			
Length of Test Actual Prod. During Test	Tubing F	Pressure			Casing Press Water - Bbli	nire I.		Choke Size				
Length of Test Actual Prod. During Test GAS WELL	Tubing F	Pressure ls.			Casing Press Water - Bbli	nire		Choke Size	e			
Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D	Tubing P	Pressure			Casing Press Water - Bbis Bbis. Conde	ure asste/MMCF		Choke Size	Condensate			
Length of Test Actual Prod. During Test GAS WELL	Tubing P	Pressure ls.	nut-io)		Casing Press Water - Bbis Bbis. Conde	nire I.		Choke Size	Condensate			
Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.)	Tubing P Oil - Bbi	Pressure is. of Test Pressure (St			Casing Press Water - Bbls Bbls. Conde	ure asste/MMCF sure (Shut-in)	VICE DV	Choke Size	Condensate	ON		
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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
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

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