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

## State of New Mexico Energy, Minerals and Natural Resources Departme

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., Aziec, NM 87410	REQU	EST FO	R ALLOWAB	LE AND	AUTHORIZ TURAL GA	5				
I. TO TRANSPORT OIL AND NATURAL GAS  Operator							Pl No.	- 0	1204	
Operator Bravo Operating Company 30-025-272									/20/	
Address P. O. Box 2160,	Hobbs,	New Mex	ico 88241		es (Please expla	inl				
Reason(s) for Filing (Check proper box)			ransporter of:		et (Liease expin	,				
New Well	Oil	Change in .i	ransponer or.							
Recompletion Change in Operator	Casinghead		Condensate							
If change of operator give name										
and address of previous operator	ANDIEA	CF						<del></del>	ease No.	
IL DESCRIPTION OF WELL	Well No.   Pool Name, Including Formation						Kind of Dead			
Egabert		/	NADINE	DRIMA	(AKD, WE	\$			<u> </u>	
Location	10	80	eet From The M	nth in	and 66	<u>О</u> Fе	et From The	EAST	Line	
Unit Letter	· : _ !, 7 ·	00					10	a .	County	
Section 8 Township 205 Range 38E, NMPM, Lea, County										
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Oil					P. O. Box 2039, Tulsa, OK 74102					
Sun Refining and Marketing Company  Nome of Authorized Transporter of Casinghead Gas or Dry Gas					ve address to wh	ich approved	copy of this f	orm is to be s	ent)	
Name of Authorized Transporter of Casing	Oslan	Coss	^			When	7			
if well produces oil or liquids,	Unit	Sec. 47	Nap.   Rga. 20 <b>.5</b>   3 <i>8 E</i>	le gas actuali	y connected?	l when				
give location of tanks.  If this production is commingled with that i	j <i>H</i> _1	8   c	nl. eive commisgli	ng order nurr		DHI	- 40	28		
If this production is commingled with that I  IV. COMPLETION DATA	Hom any our	et terms or l					Di - De ek	Same Res'v	Diff Res'v	
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Pattie Kes v		
Designate Type of Completion	- (X)	l Bandy to I	Prod.	Total Depth	<u>.L</u>	L	P.B.T.D.			
Date Spudded	Date Compl. Ready to Prod.									
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Gas Pay			Tubing Depth						
								Depth Casing Shoe		
Perforations							<u> </u>			
	<u>_</u>	UBING.	CASING AND	CEMENTING RECORD			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SHOW TO SHOW THE SHOW			
	<u> </u>									
							1			
V. TEST DATA AND REQUES OIL WELL (Test must be after n	T FOR A	LLOWA	BLE	he equal to o	r exceed sop allo	wable for thi	s depth or be	for full 24 ho	urs.)	
OIL WELL (Test must be after n	Date of Te	nai volume o	1000 ou and must	Producing M	lethod (Flow, pu	mp, gas lift, e	ic.)			
Date First New Oil Run To Tank	Date of 10.						Choke Size			
Length of Test	Tubing Pressure			Casing Pressure						
	DI BUI			Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Prod. During Test Oil - Bbls.						<u></u>			
CACHELI	<u> </u>						1715 DECEMBER 1	ondenente.		
GAS WELL Actual Prod. Test - MCF/D	Leagth of	l'est		Bbls. Condensate/MMCF			Gravity of Condensate			
		- 18C 1		Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)									
Land CERTIFIC	ATE OF	COMPI	IANCE		OIL CON	ICEDV	MOLTA	וצועום	ON	
VI. OPERATOR CERTIFIC	ations of the	Off Cobresion	MOU		OIL CON	19EU A	411014	DIVION	2000	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				Date ApprovedAPR 4 1990						
is true and complete to the best of my l	knowledge at	nd belief.		Date	a Approve	a				
()()										
Signature Vice President				DISTRICT I SUPERVISOR						
J./T. Janica	T. Janica Vice Mesident				)					
Printed Name March 29, 1990	505-39	97-3970								
Date		Telep	hone 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
- 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.

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No. 3, 1990 Here is 1993