Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

1.	7	OTRA	MSP	UH I UIL	או טאא.	TURAL GA	Neil 7	PI No.			
Operator COMPANY						30-025-27412					
BRAYO OPERATING COMPANY						30 - 0 × 3 - × / 4 C					
P. O. Box 2160, Hobbs	s, New	Mexico	882	41							
Reason(s) for Filing (Check proper box)					Oth	er (Please expla	in)				
New Well		Change in	Transpo								
Recompletion	Oil Casinghead		Conde	_							
Change in Operator If change of operator give name	Campres	- C-	Conoc			 					
and address of previous operator					11100	t					
II. DESCRIPTION OF WELL	AND LEA	SE		-9"	$\Delta = -$	K 3437 8 1/33			- ,		
Lease Name		Well No.			Blinet		1 Come	of Lease Federal or Fe		ease No.	
Location	i	L				λ			P 1		
Unit Letter	: 19	80	Peet Pr	rom The Sc	wth un	and 66	<u>O</u> Fe	et From The .	EAST	Line	
Section 5 Township	20	\$	Range	38	E ,N	MPM,	L	.وس		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)											
			sale		Vocaters (Civ						
Name of Authorized Transporter of Oil Petro Source Partner	s;"Ltd.					stheimer					
71 Chas Pet					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids,	,				Is gas actually connected? When			8-6-81			
elve location of tanks.	II	<u>5</u>	<u> 205</u>					0 - 00	<i>D</i> /		
If this production is commingled with that f	rom any othe	er lease or	pool, gi	ve commungi	IST OLD STREET						
IV. COMPLETION DATA		Tou Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	· (X)	Oil Well	-	ORR WEII	1		i		İ	1	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
levations (DF, RKB, RT, GR, etc.) Name of Producing Pormation											
Perforations								Depth Casir	ig Shoe		
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
11000 0100											
								 -			
					L			1			
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A	LLOWA	ARLE	. !!	he amed to or	exceed top allo	owable for thi	s depth or be	for full 24 hou	rs.)	
OIL WELL (Test must be after re			of load	ou ana must	Producing M	ethod (Flow, pu	mp, gas lift, o	tc.)	<u>, , , , , , , , , , , , , , , , , , , </u>		
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 - Bbis.				Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oil - Bois.							<u> </u>			
GAS WELL								, , , , , , , , , , , , , , , , , , ,			
Actual Prod. Test - MCF/D						Bbls. Condensate/MMCF			Gravity of Condensate		
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
Testing Method (pitot, back pr.)											
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION						
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.					Date Approved						
is true and complete to the peat of my knowledge and better.						Approve	u				
Mac Winter					By ORIGINAL SIGNED BY JERRY SEXTON						
Signature Gary Fonay, Consultant					DISTRICT I SUPERVISOR						
Printed Name			Title		Title						
December 18. 1	992 50	5-392. Tele	-695()							

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.