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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088

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

ISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410	REQL	JEST FO	OR A	LLOWAB	LE AND A	UTHORIZ	ZATION				
TO TRANSPORT OIL AND NATURA											
perator Oncompting	Company	,					30	- 025-	- 2758	9	
Bravo Operating (				002/1							
P. O. Box 2160,	Hobbs,	New Me	XIC	0 88241	Othe	t (Please expla	in)				
eason(s) for Filing (Check proper box)		Change in	Trans	porter of:							
ew Well	Oil		Dry (								
ecompletion		d Gas 🔲	Cond	ensate 🔲							
hange in Operator	Calabar										
d address of previous operator											
DESCRIPTION OF WELL AND LEASE Well No.   Pool Name, Including					Rind of						
ease Name		/	1 /	DINC B	Blivebi	y Wes	- State,	recent of rec	Fee	·	
ocation								et From The .	FACT	Lin	
Unit Letter	. 23	10	Feet	From The	outh Lin	and _/69	> <u>∪</u> Fe	et From The . /			
Section 8 Township	, 20		Rang	e 38	, N	MPM,		~ ea		County	
	CDODTE	R OF O	IL A	ND NATU	RAL GAS		<del></del>	ef chie f	orm is to be st	nt)	
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL AND OF Condensate OF Authorized Transporter of Oil Or Condensate					Address (Give address to which approved copy of this form is to be sent)  D. O. Boy 2039 Tulsa OK 74102						
Sun Refining and Mark	Sun Refining and Marketing Company					P. O. Box 2039, Tulsa, OK 74102  Address (Give address to which approved copy of this form is to be sent)					
lame of Authorized Transporter of Casin	ghead Gas	بربكا	or D	ry Cas	Authers (O)						
Warren Petro		n 🕖 I Sec.	Twp	Rge	ls gas actuali	y connected?	When	7			
well produces oil or liquids, ve location of tanks.	Unit 1.5	i 8	120	SIBBE	4.0	<u> </u>					
this production is commingled with that	from any of	her lease or	pool,	give commingi	ing order num	ber:					
this production is commingled with that  V. COMPLETION DATA	Hom any or	7101 10000						I me Death	Icama Bas'y	Diff Res's	
V. COMPLETION DATA		Oil Wel	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	l l	
Designate Type of Completion	- (X)	Í	1	<del></del>	Total Depth	L	J	P.B.T.D.	<del></del>		
Date Spudded	Date Con	pl. Ready t	o Prod	<b>L</b>		_					
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
	J				<u> </u>			Depth Casi	ng Shoe		
Perforations											
		TUBING	, CA	SING AND	CEMENT	NG RECOI	<u>w</u>	<del></del>	SACKS CEN	IENT	
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			<del></del>				
HOLE SIZE	- <del> </del>							<u> </u>			
	1				<b></b>						
					<del> </del>						
		11101	ADI	F	<u></u>					_	
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR	ALLUW	of la	ad oil and mus	s be equal so a	r exceed top al	lowable for th	is depth or be	for full 24 ho	urs.)	
OIL WELL (Test must be after	Date of 7	Total Vision	- 07		Producing N	lethod (Flow, p	ownp, gas lift.	elc.)			
Date First New Oil Run To Tank	Date Of 1						· · · · · · · · · · · · · · · · · · ·	Choke Size			
Length of Test	Tubing P	Tubing Pressure			Casing Pressure			Oo.			
Dengar Gr. 10					Water - Bbl			Gas- MCF			
Actual Prod. During Test	Oil - Bbl	<b>S</b> .			Walci						
GAS WELL	Length o	Test			Bbls. Cond	osate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D					\ <u></u>	num /Shua (n)		Choke Siz	e		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)							
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		$\sim \sim \sim 1$	ĽLĹ	ANCE		OIL CO	NSERV	AHON	ופועוט	OI4	
VI. OPERATOR CERTIFIC	CATE	of COM			11						
محمد أموم ممانية المادية الم	substines of E	ne uu uum	CI TON'	Ju .				A D	D = 1	1000	
I hereby certify that the rules and reg	ulations of t	ne Ou Com formation R	iven a	Ju .	Da	Annrov	ed	. AP	R -4	1990	
تعدد أموم مماني بالبيد في مو	ulations of t	ne Ou Com formation R	iven a	Ju .	Da	e Approv	ed	. ДР	R -4	1990	
	ulations of t	ne Ou Com formation R	iven a	Ju .							
I hereby certify that the rules and reg Division have been complied with an is true and complete to the best of my	ulations of the district the interest of the district the interest of the district	formation g	iven a	bove	Da <sup>a</sup> By		NAL SIGN	ED BY JER	RY SEXTO		
I hereby certify that the rules and reg Division have been complied with an is true and complete to the best of my  Signature  J. T. Janica	ulations of the district the interest of the district the interest of the district	ne Ou Com formation R	iven a	bove	Ву	ORIG	NAL SIGN DISTRICT		RY SEXTO		
I hereby certify that the rules and reg Division have been complied with an is true and complete to the best of my	d that the in y knowledge	formation g and belief.  Presi	dent	bove	Ву		NAL SIGN DISTRICT	ED BY JER	RY SEXTO		

- 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.

APR .