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., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Astenia, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	NSF	ORT O	L AND NA	TURALG		1 B) S)			
Operator Bravo Operating Company								1APINO. 0-025-27714			
Address P. O. Box 2160,	Hobbs .	New Me	exic	o 88241						•	
Reason(a) for Filing (Check proper box) New Well Recompletion Change in Operator		Change in	-	oorter of:		ner (Please expl	lain)				
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE									
Lesse Name Dutch	ling Formation	y West	1 -	of Lease No. Federal or Fee Fee							
Location Unit Letter	: 23	10	Feet F	rom The 🛭	onth Lin	e and $\frac{9}{}$	90 F	et From The	EAST	Line	
Section 5 Townshi	, 205	<u> </u>	Range	38	E ,N	мрм,		hea		County	
III. DESIGNATION OF TRAN				ID NATU	RAL GAS						
Name of Authorized Transporter of Oil Sun Refining and Mark	IXI	or Conden				Box 2039				ni)	
Name of Authorized Transporter of Casing	thead Gas		or Dry	Gas		e address to wi				nt)	
Well produces oil or liquids, give location of tanks.	Unit			le gas actuali	•	When	?				
If this production is commingled with that	+										
IV. COMPLETION DATA		Oil Well		Gas Weil	New Well	Workover	Деереп	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	nne of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations					1			Depth Casing Shoe			
	т	JBING.	CASI	NG AND	CEMENTI	NG RECOR	D	1	 		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR AL	LOWA	BLE					<u> </u>			
OIL WELL (Test must be after re				oil and must					or full 24 hour.	s.)	
Date First New Oil Rua To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pressure				Casing Pressu	re		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	··········										
Actual Prod. Test - MCF/D	Length of Ter	u.		1.00	Bbls. Condens	ate/MMCF		Gravity of Co	ndensate		
esting Method (pilot, back pr.)	ritot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICA				CE	С	IL CON	SERVA	TION E	IVISIO	 N	
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 APR 4 1990						
) []	۔ حن				<u>;</u>	• •			·		
Signature J. T. Janica Vice President					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name	505-397	T	itle		Title_						
Date		Telenh	one No		1						

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.