Submit 5 Copies
Appropriate District Office
DISTRICT I 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

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., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator 30-025-27799 Bravo Operating Company Address P. O. Box 2160, Hobbs, New Mexico 88241 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well X Dry Gas Oil Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL	AND LEA	ASE				Vind	of Lance	1 10	ase No.
Lease Name / /		Well No. Pool Name, Including Formation 3 NADINE Blinebry, West			L State,	d of Lease e, Federal or Fee Lease No.			
HERMAN		3	MADINE 1	B/INEDA	y, PVES	·/	<u> </u>		
Location			Feet From The K	-11	. /_1			Most	
Unit Letter	_ :/6	50	Feet From The A	ORTH_Lin	e and	FCF	et From The .	YVES /	Line
Section 8 Township	20	s	Range 384	= NT	мрм		Lea		County
Section 8 Townshi	p 20-	<u> </u>	Kange 20-						
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L AND NATU	RAL GAS					
Name of Authorized Transporter of Oil	Wootess (CIA	Address (Give address to which approved topy of this form 2 to 00 only							
Sun Refining and Marketing Company Tempe of Authorized Transporter of Casinghead Gas To Dry Gas			P. O. Box 2039, Tulsa, OK 74102						
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)								
Marca Patralana (min									
If well produces oil or liquids,	Unit	Sec.	Twp. Rge.	Is gas actually connected? When ?					
give location of tanks.	FI		20S 38E		-3-				
If this production is commingled with that i	from any oth	er lease or p	ool, give comming	ing order num	xer:				
IV. COMPLETION DATA		(Non Wall	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Time of Completion	- (X)	Oil Well	Gas Well	I WEM MEII	i workover	l Durben	l log back		
Designate Type of Completion - (X)		Peedy to Prod		Total Depth			P.B.T.D.		
Date Spudded	Date Compl. Ready to Prod.								
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		mation	Top Oil/Gas Pay			Tubing Depth			
Perforations	Depth Casing Shoe								
							<u> </u>		
	CEMENTING RECORD				ACKE CEM	ENT			
HOLE SIZE			BING SIZE	DEPTH SET			SACKS CEMENT		
							 		
							 		
							 		
	- FOD 4	TI OWA	DIE	L					
V. TEST DATA AND REQUES OIL WELL (Test must be after n	T FOR A	LLUWA	DLE Classical and must	he equal to or	exceed top allo	wable for thi	s depth or be j	for full 24 hour	·s.)
			j ioaa ou ana misi	Producing M	ethod (Flow, pu	mp, gas lift, e	tc.)		
Date First New Oil Run To Tank	Date of Test								
- A Total	Tubing Pressure		Casing Pressure			Choke Size			
Length of Test Tubin							2 174		
Actual Prod. During Test	Oil - Bbis.			Water - Bbls.			Gas- MCF		

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above

GAS WELL

Actual Prod. Test - MCF/D

Testing Method (pitot, back pr.)

is true and complete to the best of my knowledge and belief.					
()				
Signature J. T. Janica	/ Vice President				
Printed Name March 29, 1990	505-397-3970				
Date	Telephone No.				

OIL CONSERVATION DIVISION APR #4 1990

Gravity of Condensate

Choke Size

Date Approved

By_ ORIGINAL SIGNED BY JERRY SEXTON DISTRICT | SUPERVISOR

Title_

Bbls. Condensate/MMCF

Casing Pressure (Shut-in)

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

ength of Test

Tubing Pressure (Shut-in)

- 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.

APR ... 14 '