Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico E. _y, Minerals and Natural Resources Departmen.

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, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•					D AUTHOR					
I.		TO TRA	ANSPORT C	DIL AND N	NATURAL G					
Operator Bravo Operating	Bravo Operating Company						Well API No. 30-025-27875			
Address	· · · · · · · · · · · · · · · · · · ·		:				0-0	<u> </u>	18 75	
P. O. Box 2160, Reason(s) for Filing (Check proper box)		New Me	ex100 8824		Other (Please exp	lain)				
New Well		Change in	Transporter of:	U ,	Outer (1 lease exp	ши				
Recompletion	Oil		Dry Gas]						
Change in Operator	Casinghea		Condensate	1						
If change of operator give name										
and address of previous operator II. DESCRIPTION OF WELL	ANDIE	ACE								
Lease Name	Well No. Pool Name, Includ			ding Formation			of Lease		Lease No.	
LADY	1 NADINE		BliNEBRY, West		State	State, Federal or Fee		- ,		
Location Unit Letter	. 160	50	Feet From The	South.	ine and 3	30 F	eet From The	West		
Section 4 Townsh	^ -		_			-	earrom ine	0003	Laire	
Secuon Towner	<u> </u>	~	Kunge 20	3 <u>L-</u> ,	NMPM,		<u>ea</u>		County	
III. DESIGNATION OF TRAN	SPORTE									
Name of Authorized Transporter of Oil	M	or Conden			ive address to w				eni)	
Sun Refining and Marl	P. O. Box 2039, Tulsa, OK 74102									
Name of Authorized Transporter of Casin	ighead Gas <u>Silenan</u>		or Dry Gas	Address (C	live address to wi	tich approved	l copy of this j	form is to be s	ens)	
If well produces oil or liquids,			Twp. Rge	e. la gas actus	ally connected?	When	7	· —— ·		
give location of tanks.	<u>i </u>		205 38 E	1 -	405	i_				
f this production is commingled with that IV. COMPLETION DATA	from any othe	er lease or p	ool, give commin	gling order nu	mber:					
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Wel	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	Date Compl. Ready to Prod.			1	1	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay Tubing				g Depth		
Perforations								Depth Casing Shoe		
	TUBING, CASING AND			CEMENT						
HOLE SIZE	ING & TUE	SING SIZE	ļ	DEPTH SET		SACKS CEMENT				
	 						-	<u></u>		
				1					-	
. TEST DATA AND REQUES							· · · · · · · · · · · · · · · · · · ·			
IL WELL (Test must be after re		l volume of	load oil and mus					or full 24 hour	s.)	
Date First New Oil Run To Tank Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pressure			Casing Pressure			Choke Size			
ctual Prod. During Test	Oil - Bbls.			Water - Bbis	Water - Bbis.			Gas- MCF		
				<u> </u>				· · · · · · · · · · · · · · · · · · ·		
GAS WELL ctual Prod. Test - MCF/D	Length of Tes			Bbis, Conden			75 THE TEXT			
riod red - MC17D	Dengar or 1es			Bois. Conden	IME/MIVICE		Gravity of Co	ndensale		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
I ODED ATOD CEDTREC	TE OF C	ON ADT	IANICE	lr		1				
I. OPERATOR CERTIFICA I hereby certify that the rules and remulati			-	(DIL CONS	SERVA	TION D	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					OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.					Date Approved APR 4 1990					
				Dale	whhiosea		• •	<u> </u>		
Simple					By ORIGINAL SIGNED BY JERRY SEXTON					
Signature J. I. Janica Vice President				DISTRICT I SUPERVISOR						
Printed Name		Tit		Title						
Date 1990	<u>505-397-</u>	-39/U Telephor	ne No.							
		. cicpio		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.

RECEIVED

APR 2 1990

MOBBS OFFICE