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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 Departmen

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

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## 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

000 Rio Brazos Rd., Aziec, 1411 57475	REQUE		SPORT OIL	AND NAT	<b>FURAL GA</b>	AS				
•		O THAIN	SPONT OIL	71112		Well	API No.	200	all	
Bravo Operating	Company					3	0-025	- 0.18	74	
			00241							
P. O. Box 2160,	Hobbs, N	lew Mex	100 60241	Othe	er (Please explo	zin)				
leason(s) for Filing (Check proper box)	(	hange in Tra	nasporter of:							
lew Well	Oil	X Dr	y Gas							
hange in Operator	Casinghead	Gas 🔲 Co	ondensate 🔲							
change of operator give name									<del></del>	
d address of previous operator										
. DESCRIPTION OF WELL	AND LEAS	SE Wall No   Po	ol Name, Includi	ng Formation			of Lease Federal or Fee	<b>ام</b> الح	ase No.	
ease Name		4	/YAD/NE	= Tu 66	VVes	† State	, reactat or rec	J.Fee		
SERMAN.	<u> </u>		ect From The		-	60 -	F The	West	/ Line	
Unit Letter	. 19	80 Fe	ed From The $\frac{\sqrt{2}}{2}$	outh Lin	e and	, ,	eet From the			
1	, 20	< p.	ange 38	E N	мрм,		Lew		County	
Section & Townshi										
I. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NATU	RAL GAS	address to W	hich approve	d copy of this for	m is to be se	rd)	
lame of Authorized Transporter of Uli	. IZJ ,	J. OUL	• 🗀		Rox 2039	). Tulsā	1. UK /41U	ــــــــــــــــــــــــــــــــــــــ		
Sun Refining and Mark	ceting Co	ompany	Dry Gas	Address (Giv	e address 10 w	hich approve	d copy of this for	n is to be see	ਧ)	
Same of Authorized Transporter of Casin	ghead Gas	س راکها	-0							
well produces oil or liquids,		Unit Sec. Twp. Rge. Is gas actually connected?					When ?			
t! of tombe	·	8 12	05 38E		les r	HO	- 392			
this production is commingled with that	from any othe	r lease or poo	oi, give comming	ing order num	oer:	77 -				
V. COMPLETION DATA			Gas Well	New Well		Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	1	j	İ	<u></u>				
	Date Compl	. Ready to Pr	rod.	Total Depth	<del></del>		P.B.T.D.			
Tate Spudded				Top Oil/Gas	Day		Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	Name of Producing Formation			Top Old Car Car					
	<u> </u>			<u> </u>			Depth Casing	Shoe		
Perforations										
	Т	UBING, C	ASING AND	CEMENT	ING RECO	RD	S	ACKS CEM	ENT	
HOLE SIZE	CAS	ING & TUB	ING SIZE	<u> </u>	DEPTH SE			10110 00		
HOLE OILE										
. TEST DATA AND REQUE	ST FOR A	LLOWAL	ILE				his denth or he fo	r full 24 hou	rs.)	
. TEST DATA AND REQUE OIL WELL (Test must be after	recovery of tol	al volume of	load oil and mus	be equal to o	r exceed top at lethod (Flow, p	lowable jor i	, etc.)	. ,		
Date First New Oil Run To Tank	Date of Tes	l .		Producing IV	IGRIOR (1, 104) b	- P   6 13				
	Tubing Pressure			Casing Press	aire		Choke Size	Choke Size		
ength of Test							Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bble	L		OW- MCI			
Actual Prod. During 1est				<u> </u>						
	<u> </u>						Gravity of Co	mdensale		
GAS WELL Actual Prod. Test - MCF/D	(Classical)			Bbls. Conde	nute/MMCF		Giatiny of Co	Choke Size		
				Casino Press	pure (Shut-in)		Choke Size			
esting Method (pitot, back pr.)	Tubing Pres	mrie (2007-10	y		•					
		act m	TANCE	1			/ATION! "	אוויוופור	NC	
VI. OPERATOR CERTIFIC	CATE OF	COMPL	MANACE tion		OIL CO	NSEH\	ATION [			
I hereby certify that the rules and regulations of the Ou Conservation				Date ApprovedAPR **4 1990						
is true and complete to the best of my	knowledge an	d belief.		Date	e Approvi	ed	<u> </u>			
1										
( //				∥ By_	<u></u>	GINAI CL	GNED BY JER	RY SEXT	NC	
Signature	Vice P	residen	ıt		_		ICT I SUPERV			
J. T. Janica Printed Name			Title	Title	)					
March 29, 1990	505-39	7-3970	none No.							
Date		reselv		11						

- 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.

RECEIVES

APR - 2 1990

OCD NOBES CHACE