Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesla, NM 88210		OIL	Minera CON	ls and Na SERV. P.O. I	New Mexico Intural Resources D ATION DIV Box 2088 Jexico 87504-20	ISION			Form C-104 Revised 1-1-89 See Instructions at Bottom of Page	
INCLUSIVE Rd., Azec, NM 87410 I. TO TRANSPORT OIL AND NATURAL GAS										
Operator BRAVO OPERATING COM	ADANY							- 025-	28960	
Address		. Novio					100	-0	50/00	
P. O. Box 2160, Hot Reason(s) for Filing (Check proper box, New Well Recompletion Change in Operator	) Oil	Change i	in Transpo Dry Gi Conder	orter of:	Other (Plea	ase explain)				
If change of operator give name and address of previous operator					- d.J.i.P					
IL DESCRIPTION OF WELL	L AND LI			4	4 - 9 a 2	 <del>7 5 - 2</del>	1		Laure No.	
Lesse Name Morsy		Well No.			ling Formation 340 Blinebry, W	est		of Lease Federal or Fee	Leane No.	
Location	10		_		, , , , , , , , , , , , , , , , , , ,	_	_1	λ	· . /].	
Unit Letter		180	_ Feet Fr	om The 🛛	est Line and _	030	Fe	et From The	<u>ohth</u> Line	
Section '7 Towns	hip 20.	<u>S</u>	Range	38	E, NMPM,		Le	201	County	
III. DESIGNATION OF TRA	NSPORT	ER OF O	IL AN	D NATU						
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be										
Petro Source Partners, Ltd. 9801 Westheimer, Suite 900, Houston TX 77042 Name of Authorized Transporter of Casinghead Gas or Dry Cas Address (Give address to which approved copy of this form is to be sent)										
Warren te	£		1-				1			
If well produces oil or liquids, give location of tanks.	Undit	Sec.	Twp.	138E	Is gas actually conne Ves	cted?	When	12-20-	84	
If this production is commingled with the	t from any o	her lease or			ling order number:		-			
IV. COMPLETION DATA		Oil Well		as Well	New Well Work	over []	eepen	Plug Back San	ne Res'v Diff Res'v	
Designate Type of Completion	n - (X)			ALS VICII			~~p~u	Find Deck 1940		
Date Spudded	Date Con	pl. Ready to	Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Ol/Ges Pay			Tubing Depth		
Performions					· · · · · · · · · · · · · · · · · · ·			Depth Casing Shoe		
Lettourtour								Deput Casing Si		
······································					CEMENTING RE					
HOLE SIZE	CA	SING & TL	JBING S	IZE	DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUE	ST FOR	LLOW	BLE							
OIL WELL (Test must be after	recovery of t	stal volume		i and must	be equal to or exceed t				ll 24 hours.)	
Date First New Oil Run To Tank	Date of Te	at.			Producing Method (Fl	ow, pump, g	as iyi, el	c.)		
Length of Test	Tubing Pre				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF		
	Un - Duis.									
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bble. Condensate/MMCF			Gravity of Condensate		
setting Method (pitot, back pr.)	Tubing Pre	saure (Shut-	in)		Casing Pressure (Shut-	in)		Choke Size		
	<u> </u>				r					
	I. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION				
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 DEC 2 1 '92					
Signature					By ORIGINAL SIGNED BY JERRY SEXTOM					
Gary Fonay, Consultant					DISTRIGT I SUPERVISOR					
December 18, 1992         505-392-6950           Date         Telephone No.					Title					
				a suiteb D	-1.104					

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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.

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All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED DEC 1 8 1992 OCD HOBBS OFFICE

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