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

## State of New Mexico Enc. J., 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, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	,,,,,	TO TR	ANSP	ORT O	LAND NA	TURAL C	SAS				
Operator RRAVO OPERATI	BRAVO OPERATING COMPANY						Weil	<b>лгі N</b> ö. 30-025-06338			
Address								30 023	00330		
P. O. Box 216 Reason(s) for Filing (Check proper box)	ou, Hob	bs, Ne	w Mex	K1CO 88		her (Please ex	plain)				
New Well		Change is	Transp	orter of:	- ا	,	,				
Recompletion	Oil	ĺΧ	Dry G	🔲							
Change in Operator	Casinghe	d Gas	Conde	nsate							
If change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL	AND LE	ASE									
Lease Name Dauron		Well No.	1	<del>lame, Includ</del> inkard				Kind of Lease State, Federal or <u>Fee</u>		ease No.	
Location E	22	14			North Lie		30 r	eet From The	West	Line	
Unit Letter	_ :		_ 1.6er 1.1			N #80				_	
Section Townshi	р (	21 <b>-</b> S	Range	37-	E , <u>n</u>	мрм,	Le	a		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS		List same	منطه مر دست	form is to be se		
Name of Authorized Transporter of Oil	Pineli	Address (Give address to which approved copy of this form is to be sent)    \( \begin{align*} \Phi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \									
EOTT Oil Pipeline Com		E	flectiv	<b>8.4</b> 1 - 9	Address (Gir	<u>x 4000 .</u> e address to w	hich approved	i copy of this	orm is to be se	ent)	
Texaco EJH I	Risear Can	}	OI DIT	<u> </u>	7,000,000	•					
well produces oil or liquids, Unit Sec. Twp.					le gae actuali	y connected?	When	1 7	7		
give location of tanks.	E 1 1		21 37		<u> Y</u>		6-10-55				
If this production is commingled with that	from any oth	er lease or	pool, giv	e comming	liag order sturn	ber:					
IV. COMPLETION DATA		lou W. W		Gas Well	New Well	Workover	Deepen	Plug Rack	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	-   '	Jan Well	I HEM MEII	WORDIE!	Deepen	I TIUE DACK			
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations					1			Depth Casin	Depth Casing Shoe		
T CITO BUSINE											
	Т	UBING,	CASI	NG AND	CEMENTI			<del></del>			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			ļ;	SACKS CEMENT		
								ļ			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		L			<u> </u>			
OIL WELL (Test must be after re	covery of lot	al volume d	of load o	il and must	be equal to or	exceed top all	owable for thi	depth or be	for full 24 hour	3.)	
Date First New Oil Run To Tank	Date of Test	l			Producing Me	thod (Flow, p	ump, gas lift, e	ic.)			
	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
Length of Test	Inpite Liesanie										
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL		·			<u> </u>			<b>.</b>			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Coudensate/MMCF			Gravity of Condensate			
ting Method (pitot, back or ) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	Choke Size		
esting Method (pitot, back pr.)	thod (pilot, back pr.)							<u> </u>			
I. OPERATOR CERTIFICA	ATE OF	COMPI	LIAN	CE			ISEBVA	TION!	חוצוצור	N	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
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 NOV 02 1993						
	-ر				Date	Approve	u			<del></del>	
(Im & Kleshillian)					n.				EDDV CEYT	ON	
Signature					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Ann K. Headstream Printed Name	Prod	uction	<u>Cle</u> Title	rk	7141-		אוכוע	,			
10-27-93	505	-397-3			Title_	<del> </del>			<del>-</del>		
Date			hone No	.							

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.