

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
BRAVO ENERGY INC.

Address  
P. O. Box 2160, Hobbs, N. M. 88241

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name DAURON	Well No. 2	Pool Name, including Formation Wantz-Abo	Kind of Lease State, Federal or Fee FEE	Lease No.
Location				
Unit Letter J ; 1980 Feet From The E Line and 3535 Feet From The North				
Line of Section 1 Township 21 S Range 37 E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXACO TRADING & Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Bx 6196, Midland, TX 79711-0196
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TEXACO Producing Inc	Address (Give address to which approved copy of this form is to be sent) P. O. Bx 3000, Tulsa OK 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. J 1 21S R37E
Is gas actually connected?	When Yes 2-21-87

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

*Ann K. Headstream*  
(Signature)

Production Supervisor

(Title)

February 25, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 26 1987, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-10-86	Date Compl. Ready to Prod. 1-30-87		Total Depth 7860'			P.B.T.D. 779			
Elevations (DF, RKB, RT, GR, etc.) 3561 D.F.	Name of Producing Formation Abo		Top Oil/Gas Pay 7296'			Tubing Depth 7184'			
Perforations 7296' - 7781' O.A. W/155 holes						Depth Casing Shoe 7854'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
11"	8-5/8		1601'			325 SX			
7-7/8"	5-1/2		7854'			775 SX			

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 2-20-87	Date of Test 2-21-87	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 280	Casing Pressure 0	Choke Size 8/64
Actual Prod. During Test 194	Oil - Bbls. 194	Water - Bbls. 0	Gas - MCF 146

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

RECEIVED  
 FEB 25 1987  
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