STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

OIL

GAB

DISTRIBUTION

SANTA FE

TRANSPORTER

PROBATION OFFICE

OPERATOR

FILE

U.B.G.A.

Form C-104	
Revised 10-01-7	1
Format 06-01-8	3
Page 1	

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator					
Bravo Energy, Inc.			•		
Address				······································	
P. O. Box 2160, Hol	bbs.N. M.	88241			
Reason(s) for filing (Check proper box)			Other (Please	explainj	
New Well	Change in	Transporter of:			
Recompletion	011		y Gas		
Change in Ownership	Casin	ghead Gas 📃 Ca	ondensate		
If change of ownership give name	. <u></u>		•		
and address of previous owner	· · · · · · · · · · · · · · · · · · ·	<u></u>		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
II. DESCRIPTION OF WELL AND) LEASE				_
Lease Name	Well No.	Pool Name, Including F	ormation	Kind of Lease	Lease No.
Dauron	3	Wantz-Abo	•	State, Federal or Fee Fee	
Location			•		
Unit LetterI :353	35 Feet Fron	The North Lin	• and660	_ Feel From TheEast	
1	nship 21			, Lea	County
					•
III. DESIGNATION OF TRANSPO	ORTER OF O		, GAS		- h
Name of Authorized Transporter of Oil		ndensate 🛄		o which approved copy of this form is t	O DE SEN()
Texas New Mexico Pi				<u>, Hobbs, N. M. 88241</u>	
Name of Authorized Transporter of Casi			1	o which approved copy of this form is t	o be sentj
Texaco Producing Ir	nc.		P. 0. Box 3000	, Tulsa, OK 74102	
If well produces oil or liquids,	Unit Sec.		Is gas actually connects	when 11-18-87	-
give location of tanks.	J 1	21S 37E	Yes	1 11-10-07	

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.

$\bigcirc 7$	Janica	
	(Signature)	
Vice Presi	dént	
	(Title)	
11-18-87		
4	(Date)	

· O I	L CONSERVATION DIVISION	
APPROVED	NOV 2 0 1987	
BY	Uris. Signed by	
TITLE	Paul Kautz Geologist	

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.

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IV. COMPLETION DATA

Designate Type of Completic	on - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Restv.	Diff. Res'v
Date Spudded	Date Compl.	Ready to Pro	,	Total Depth	1		P.B.T.D.	<u></u>	.
8-18-87	10-31-	10-31-87		7890'		7846 '			
Elevations (DF, RKB, RT, GR, stc.)	Name of Proc	lucing Forme	tion	Top Oil/Gas Pay		Tubing Depth			
3557 ' GR	Abo	Abo 7196		7196	1		7093'		
Perforations							Depth Casir	ng Shoe	
7196' - 7768' 130	Holes`						7	886	
· · · · · · · · · · · · · · · · · · ·		TUBING, C	ASING, AN	DCEMENTI	IG RECORD)			
HOLE SIZE	CASIN	G & TUBIN	G SIZE		DEPTH SE	T	S.A	CKS CEMEN	1
12-1/4"	8-5/8 2	24#		1638	•		200sx.C	1.C+500s>	(Lite
7-7/8"		15-17-2	0#	7886'	•		300sx L	ite+465s>	(50/50Po
NA	2-7/8"			7093 י			NA		

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	Producing Method (Flow, pump, gas lift, etc.)		
11-7-87	11-8-87	Flow			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
24 hrs.	190	-0-	20/64		
Actual Prod. During Test	Qil-Bble.	Water - Bble.	Gas - MCF		
230	217	13.02	188		

GAS WELL

The state of the s

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