

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| FILE                   |     |  |
| U.S.G.S.               |     |  |
| LAND OFFICE            |     |  |
| TRANSPORTER            | OIL |  |
|                        | GAS |  |
| OPERATOR               |     |  |
| PRODUCTION OFFICE      |     |  |

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

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Bravo Operating Company 30-025-30469

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

Reason(s) for filing (Check proper box)

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

Other (Please explain)  
Change in Operator  
Former Operator-Bravo Energy, Inc.

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|  |                      |  |   |                              |
|--|----------------------|--|---|------------------------------|
| Lease Name<br><u>Coogan Federal</u>  | Well No.<br><u>2</u> | Pool Name, including Formation<br><u>Hantz Abo</u> | Kind of Lease<br><u>State, Federal or Fee Federal</u> | Lease No.<br><u>C 065525</u> |
| Location<br>Unit Letter <u>N</u> : <u>4195</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u><br>Line of Section <u>1</u> (Lot 14) Township <u>21S</u> Range <u>37E</u> , NMPM, <u>Lea</u> 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"/><br><u>Texas New Mexico Pipeline Co.</u> | Address (Give address to which approved copy of this form is to be sent)<br><u>P. O. Box 2528, Hobbs, N. M. 88241</u>             |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><u>Texaco Producing Co.</u>  | Address (Give address to which approved copy of this form is to be sent)<br><u>P. O. Box 3000 , Tulsa, OK 74102</u>               |
| If well produces oil or liquids,<br>give location of tanks.  | Unit <u>K</u> Sec. <u>1</u> Twp. <u>21S</u> Rge. <u>37E</u><br>Is gas actually connected? <u>Yes</u> When <u>Prior to 1-15-89</u> |

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)  
11-30-89  
(Date)

OIL CONSERVATION DIVISION

DEC 04 1989

APPROVED \_\_\_\_\_  
ORIGINAL SIGNED BY JERRY SEXTON  
BY \_\_\_\_\_  
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.