

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                        |     |  |
|------------------------|-----|--|
| NO. OF COPIES RECEIVED |     |  |
| DISTRIBUTION           |     |  |
| SANTA FE               |     |  |
| 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 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Bravo Energy Inc.

Address  
PO Box 2160, Hobbs NM 88240

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)  
Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)

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

II. DESCRIPTION OF WELL AND LEASE

|  |               |   |  |                        |
|--|---------------|---|--|------------------------|
| Lease Name<br>Coogan Federal   | Well No.<br>2 | Pool Name, including Formation<br>Wantz Abo | Kind of Lease<br>State, Federal or Fee Federal | Lease No.<br>LC 065525 |
| 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 1 (lot 14) Township <u>21S</u> Range <u>37E</u> , 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"/><br>Texas New Mexico Pipeline Co. | Address (Give address to which approved copy of this form is to be sent)<br>PO Box 2528, Hobbs NM 88240 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Texaco Producing Inc. | Address (Give address to which approved copy of this form is to be sent)<br>PO Box 3000, Tulsa OK 74102 |
| If well produces oil or liquids, give location of tanks.  | Is gas actually connected? When   |
| Unit <u>K</u> Sec. <u>1</u> Twp. <u>21S</u> Rge. <u>37E</u>   | <u>no</u> Prior to January 15, 1989   |

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.

  
(Signature)  
Vice President  
(Title)  
January 3, 1989  
(Date)

OIL CONSERVATION DIVISION  
JAN 05 1989  
APPROVED \_\_\_\_\_, 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 | Gas Well        | New Well | Workover | Deepen            | Plug Back | Same Res'v. | Diff. Res'v. |
|                                    |                             | X        |                 | X        |          |                   |           |             |              |
| Date Spudded                       | Date Compl. Ready to Prod.  |          | Total Depth     |          |          | P.B.T.D.          |           |             |              |
| 11-2-88                            | 12-31-88                    |          | TD 7790'        |          |          | 7410'             |           |             |              |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation |          | Top Oil/Gas Pay |          |          | Tubing Depth      |           |             |              |
| 3531' GR 3547' KB                  | Wantz Abo                   |          |                 |          |          | 7080'             |           |             |              |
| Perforations                       |                             |          |                 |          |          | Depth Casing Shoe |           |             |              |
| 7344'-7093'                        |                             |          |                 |          |          |                   |           |             |              |

#### TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| 12 1/4"   | 8 5/8"               | 1588'     | 110 sx       |
| 7 7/8"    | 5 1/2"               | 7788'     | 1100 sx      |
|           | 2 7/8"               | 7080'     |              |

#### 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 | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| 12-28-88                        | 12-28-88        | Flowing                                       |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| 17.5 hrs (24 hr.)               | 140             | 0   | 24/64      |
| Actual Prod. During Test        | Oil-Bble.       | Water-Bble.                                   | Gas-MCF    |
|                                 | 150 (206)       | 7   | 128        |

#### GAS WELL

|                                 |                           |                           |                       |
|---------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D         | Length of Test            | Bble. Condensate/MMCF     | Gravity of Condensate |
|                                 |                           |                           |                       |
| Testing Method (spot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |
|                                 |                           |                           |                       |

JAN 4 1989

OCD  
HOBBS OFFICE