

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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 Operating Company

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

Reason(s) for filing (Check proper box)

☐ New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas

☐ Recompletion ☐ Casinghead Gas ☐ Condensate

☒ Change in Ownership Operator

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 <u>Coogan Federal</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Wantz Abo</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC065525</u>
Location				
Unit Letter <u>L</u> : <u>990</u> Feet From The <u>West</u> Line and <u>2875</u> Feet From The <u>North</u>				
Line of Section <u>1</u> Township <u>21S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

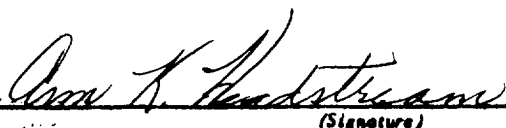
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas New Mexico Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2528, Hobbs, N. M. 88241</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Texaco Producing Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 3000, Tulsa, OK 74102</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>K</u> <u>1</u> <u>21S</u> <u>37E</u>	<u>Yes</u> <u>8-30-89</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.


(Signature)
Production Supervisor
(Title)
November 30, 1989
(Date)

OIL CONSERVATION DIVISION

DEC 04 1989
APPROVED _____, 19____
ORIGINAL SIGNED BY JERRY SEXTON
BY _____ DISTRICT 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.