

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	BRAVO OPERATING COMPANY	Well API No.	30-025-30835
Address P. O. Box 2160, Hobbs, N. M. 88241			
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)			
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Fee	Lease No.
Dauron	5	Wantz Abo	State, Federal or Fee		-----
Location					
Unit Letter	F	1650	Feet From The	West	Line and 2214
			Feet From The	North	Line
Section	1	Township	21S	Range	37E
			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"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Company		P. O. Box 2528, Hobbs, N. M. 88241
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texaco Producing, Inc.		P. O. Box 3000, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	G	1
		21S
		37E
Is gas actually connected?	When ?	6-14-90
Yes		

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

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.			
5-6-90	6-15-90		7734'		7656'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3531.7'	Wantz Abo		7087'		7000'			
Perforations			Depth Casing Shoe					
7087 - 7642' O.A.			7726'					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	8-5/8		1stage-550sx 50/50Poz
7-7/8	5-1/2	7726	2stage-750sx 35/65 Neet

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6-10-90	6-15-90	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	200	0	24/64
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
208	200	8	197

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

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

Signature \_\_\_\_\_  
Jay L. Janica, Vice President  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
Date 6-19-90 Telephone No. 505-397-3970

OIL CONSERVATION DIVISION  
JUN 22 1990  
Date Approved \_\_\_\_\_  
By \_\_\_\_\_ ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
Title \_\_\_\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.