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

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil. Or Condensate Address (Give address to which approved copy of this form is to be sent) P. D. Box 2648, Houston, TX 77252 Name of Authorized Transporter of Castinghead Gas Name of Authorized Transporter of Castinghead Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Sol Richardson Carbon & Gasoline Co. 201 Main St., Suite 3000, Ft. North, TX 76102 If well produces for inquide, Yes It was inquisive connected? When? Whe				. Feet F	rom the	Line	and	<u></u>	et From The		Line	
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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 Joe A. Marek Executive Vice President Printed Name 1/15/92 OIL CONSERVATION DIVISION Date Approved By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR Title Title Title	Actual Prod. Test - MCF/D	Length o	Jan 1 K			Bois. Conde	near MIMCF		Gravity of Conder	sale		
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1/15/92 214/701-8377 - Title	Joe M. Marek Exec	cutive	Vice I				_	DISTRICT I	SUPERVISOR			
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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.

Submit 5 Copies Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Operator Bridge Oil Company,	L. P.							Well A	Pl No.			
Address		1ito 1	00	Dallas	TY 752	51		···,		<u>.</u>		
12404 Park Central D	rive, St	lite 4	00,	Dallas,		o 1 et (Please expla	nin l					
Reason(s) for Filing (Check proper box)	_	-	T			a (1 icase expia	in,					
New Well		Change in	•									
Recompletion 🖳	Oil		Dry Ga		Effec	tive 11/	1/9	Ĺ				
Change in Operator	Casinghead	Gas [A]	Conde	nsate								
f change of operator give name and address of previous operator				•								
I. DESCRIPTION OF WELL										,		
Langlie Mattix Queen		Well No.	Lang	l ame, Includ ing 1 ie Mat	i g Formation Stix 7 R	ivers Qu	een	Kind o	f Lease Federal on Fee		ase No.	
Location				• /	·							
Unit Letter	:	50	Feet F	rom The 🔼	ORTH Line	e and	10	Fe	et From The _	KAST	Line	
Section 22 Township	, 25	S	Range	37E	, NI	мрм,		Le	ea		County	
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Shell Pipeline	XXI '	0. 001001				3ox 2648,					,_ ,	
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If well produces oil or liquids,			Twp.	Rge.		y connected?		When	000, Ft. Worth, TX 76102			
give location of tanks.	<u>9</u> i	15	258		Yes	-		<u>i</u>	UNKNOWN			
If this production is commingled with that: IV. COMPLETION DATA	from any othe	r lease or	pool, gi	ive commingli	ing order num	ber:						
		Oil Well	1	Gas Well	New Well	Workover	D	еереп	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		Bandy to	l Prod		Total Depth	l			DRED	l		
Date Spudded Date Compl. Ready to Prod.									P.B.T.D.	P.B. I.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Perforations					L			 	Depth Casin	g Shoe		
												
					CEMENTI	NG RECOR	. "		1			
HOLE SIZE CASING & TUBING				SIZE		DEPTH SET	<u> </u>			SACKS CEMENT		
	ļ											
									 			
									 			
V. TEST DATA AND REQUE	ST FOR A	LLOW	ARLE	7.	1							
OIL WELL (Test must be after t					be equal to o	r exceed top all	lowab	le for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes					lethod (Flow, p						
Length of Test	Tubing Des	Tables Deserve				Casing Pressure				Choke Size		
	Tuoing Fie	Tubing Pressure										
Actual Prod. During Test	Oil - Bbls.	Oil - Bbis.				Water - Bbls.				Gas- MCF		
GAS WELL	_1					<u> </u>			_1	 		
Actual Prod. Test - MCF/D						nsate/MMCF			Gravity of Condensate			
					C Decom (Chut in)				Choka Siza			
resung meurou (puot, back pr.)	ting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size		
VI. OPERATOR CERTIFIC	CATE OF	COM	PLIA	NCE		011 001	NO		ATION	DIVIO		
I hereby certify that the rules and regu					11	OIL CO	NS	EHV	AHON	DIVISIO	אכ	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.										9		
		ia denei.			Dat	e Approv	ed .				-	
Diene Mrie	ght				By_		rig. S	Signed	by.			
Signature Irene Wright Regulatory Analyst					-		Ge	logis	i			
Printed Name 11/8/91	214/	788-33	Title		Title	e						
Date	417/		lephone	No.								
						_						

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.