

Submit 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

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Bridge Oil Company, L.P.		Well API No. 30-025-30939
Address 12377 Merit Drive, Suite 1600, Dallas, Texas 75251		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 12-19-90 UNLESS AN EXCEPTION TO 7-4070 IS OBTAINED.		
New Well ☒	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	
Recompletion ☐		
Change in Operator ☐		

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kim Harris	Well No. 1	Pool Name, Including Formation <i>wildcat</i> Undesignated Wolfcamp	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <u>B</u> : <u>990</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line Section <u>12</u> Township <u>16S</u> Range <u>36E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Koch Oil Company/ Dis. of Koch Ind. Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558, Breckenridge, TX. 76024					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 12	Twp. 16S	Rge. 36E	Is gas actually connected? No	When ?

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8-29-90	Date Compl. Ready to Prod. 10-19-90		Total Depth 11,800'		P.B.T.D. 10,704'			
Elevations (DF, RKB, RT, GR, etc.) 3868 GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 10,540'		Tubing Depth 10,700			
Perforations 10,590' - 10,600' 2 SPF- 21 Holes					Depth Casing Shoe 10,814'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8" 61# J-55		420'		450sx Class "C"			
11"	8-5/8" S80 & J-55		4,504'		1450sx Poz "C" & 280sx Class "C" neat			
7-7/8"	5-1/2" 17# N-8		10,814'		300sx Class H			

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 10-19-90	Date of Test 10-22-90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 825 psi	Casing Pressure 0	Choke Size 12/64"
Actual Prod. During Test	Oil - Bbls. 185	Water - Bbls. 0	Gas- MCF 330

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 J.M. Warren
Printed Name J.M. Warren, Regulatory Analyst Title
10-30-90 (214) 788-3363
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 6 1990
By Paul Kautz Orig. Signed by
Geologist
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.

RECEIVED

OCT 2 1970

JOBS OFFICE

BRIDGE OIL COMPANY
Kim Harris #1
Lea County, New Mexico

STATE OF NEW MEXICO
DEVIATION REPORT

420	3/4
966	3/4
1476	1
1976	1/4
2474	1
2976	3/4
3473	1
3970	1/2
4500	1 1/4
4981	1/2
5474	3/4
5956	1
6456	1
6950	1 1/4
7431	1
7902	1 1/2
8404	3/4
8598	3/4
9082	1
9564	1 1/4
10064	1
10635	1 1/4
10874	1
11374	1 1/2
11590	1 3/4
11800	2



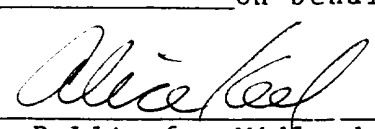
By: Ray Peterson

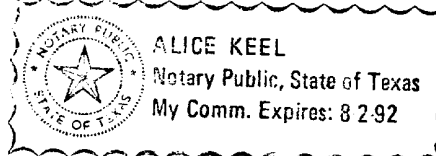
STATE OF TEXAS }

COUNTY OF MIDLAND }

The foregoing instrument was acknowledged before me this 17th day of October, 1990, by Ray Peterson on behalf of Peterson Drilling Co.

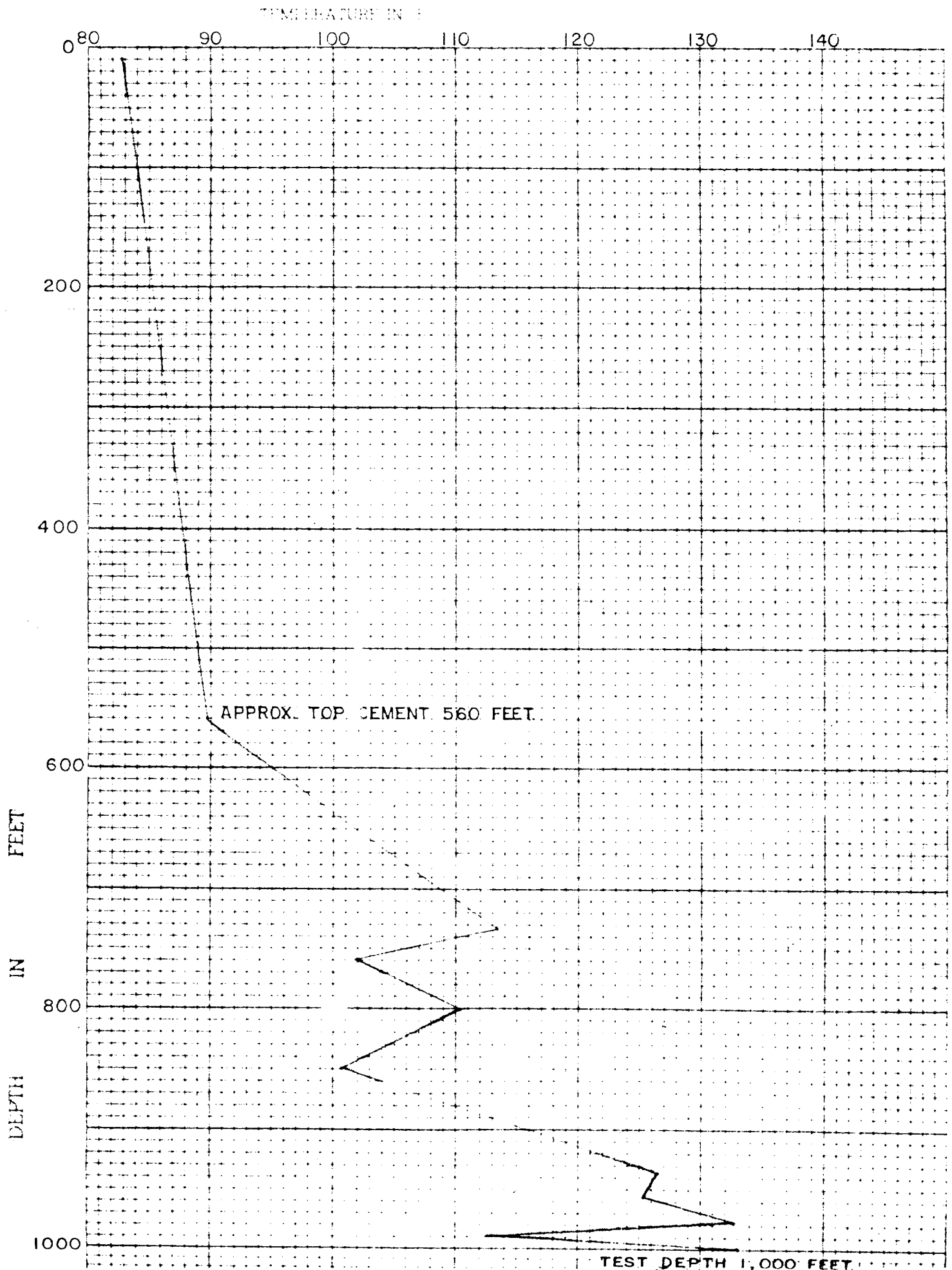
My Commission expires: 8-2-92


Notary Public for Midland County,
Texas



TEMPERATURE SURVEY

OPERATOR BRIDGE OIL COMPANY
LEASE Kim Harris
WELL NO. 1
FIELD
DATE & TIME CEMENT JOB COMPLETED Sept. 8, 1990 @ 2:00 P.M.
DATE & TIME SURVEY MADE Sept. 8, 1990 @ 9:00 P.M.
SURVEY RUN BY E.J.T.
DATUM Ground
WELL DATA 1450 sacks of 35:65 Class C Pozmix with 6% Cel, 10# Salt
per sack, 1# Floseal per sack; 280 sacks of Class C Neat
run behind 4,504 feet of 8 5/8 inch casing in an 11 inch
hole.



OCT 31 1990