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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Bridge Oil Company, L.P.	30-025-30939

Address: 12377 Merit Drive, Suite 1600, Dallas, Texas 75251

Reason(s) for Filing (Check proper box)

New Well [XX] Recompletion [ ] Change in Operator [ ]

Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain): CASINGHEAD GAS MUST NOT BE FLARED AFTER 12-19-90 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

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 State, Federal or (Fee)	Lease No.
Kim Harris	1	~~Undesignated~~ Wildcat Wolfcamp		

Location
Unit Letter B : 990 Feet From The North Line and 2310 Feet From The East Line

Section 12 Township 16S Range 36E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [XX] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Koch Oil Company/ Dis. of Koch Ind. Inc.	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	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	B	12	16S	36E	No	

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.
8-29-90	10-19-90	11,800'	10,704'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3868 GR	Wolfcamp	10,540'	10,700
Perforations			**Depth Casing Shoe**
10,590' - 10,600' 2 SPF- 21 Holes			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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10-19-90	10-22-90	Flowing	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hours	825 psi	0	12/64"
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas- MCF**
	185	0	330

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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, Regulatory Analyst
Printed Name / Title
10-30-90 (214) 788-3363
Date / Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV [illegible] 1990

By Orig. Signed by Paul Kautz 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.

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.

Notary Public for Midland County, Texas

My Commission expires: 8-2-92

ALICE KEEL
Notary Public, State of Texas
My Comm. Expires: 8 2 92

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 B.J.T.

DATUM Ground

WELL DATA 1450 sacks of 35:65 Class C Posmix with 6% Gel, 10# Salt per sack, ¼# 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.