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

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

Energy, Minerais and Maurai Kesources Department

See Instructions at Bottom, of Page

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

JAN 22 '90

I.	T	OTRANS	SPORT OIL	AND NA	TURAL GA	S			0.0	
Operator BRIDGE OIL COMPAN			•			Well A	PI No.	ARTE	SIA, OFFICE	
Address 12377 Merit Drive	e, Suite	1600,	Dallas, T	exas 7	5251	l				
Reason(s) for Filing (Check proper box)				Ott	et (Please expla	in)			-	
New Well	Oil	Change in Tra	nsporter of: y Gas		EFFECTIV	E 01/01	/90			
Change in Operator	Casinghead	Gas 🗌 Co	ndensate				7.50			
If change of operator give name and address of previous operator Petro	us Oil C		L.P. Sui		, Dallas,	Texas	75251			
II. DESCRIPTION OF WELL Lease Name LOnghou Depol		SE	ol Name, Includi	ng Formation	10 1 C AN		of Lease Federal or Fe		case No.	
Location Location	<u>unit </u>) (V	HUIST	<u>sam (</u>	JO ITCAY	. 41 - 5	Tederal of Pe	<u>C</u>		
Unit Letter	::	1 <u>70</u> Fe	et From The	<u>Lin</u>	e and		et From The		Line	
Section O Townshi	p 10-) Ra	nge OU	<u>と , N</u>	МРМ,	<u> </u>	\		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OF OIL			e address to wh	ich angraud	com of this t	orm is to be se	n=t)	
Navajo Kefinir	Address (Give address to which approved copy of this form is to be sent) N. Freeman Ave, Artesia, NM 8821					188210				
	of Authorized Transporter of Casinghedd Gas or Dry Gas or Dry Gas or Dry Gas				Address (Give address to which approved 4001 Ren 6001			coppy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit	Sec. The	Ree USI 30 E		y connected?	When	7 2-1	- <i>φ</i> 3		
If this production is commingled with that : IV. COMPLETION DATA	from any other	r lease or pool	, give commingi	,	• -			<u>``</u>		
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
		Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe		
	π	JBING, CA	SING AND	CEMENTI	NG RECORI	D				
HOLÉ SIZE	NG & TUBIN		DEPTH SET			0 :	SACKS CEMENT			
							2-23-90			
								she of		
V. TEST DATA AND REQUES	T FOD A	LOWARI	F					01		
OIL WELL (Test must be after re				be equal to or	exceed top allo	wable for this	depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL	<u> </u>				-		<u> </u>			
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMPLL	ANCE		OIL CON	CEDV	TION		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						SERVA	ATION	DIVISIC	/IN	
is true and complete to the best of my knowledge and belief.				Date Approved FEB 1 6 1990						
Signature				By ORIGINAL SIGNED BY						
Dora McGough Regulatory Analys Printed Name				SUPERVISOR, DISTRICT IT						
1-15-90 Date		214-7	88-3300	e inie						
								_		

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.