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

State of New Mexico Energy, Minerals and Natural Resources Department

DEC 0 6 1993 Bottom of Page

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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

1000 Rio Brazos Rd., Aztec, NM 87410	REO	UESTE	OR A	JI OWA!	RI F AND	AUTHORI	IZATION				
I.	, ,,,,		-			TURAL G	_				
Operator Bridge Oil Company, I	TD						Well	API No.			
Address	1. 1.						. <u></u> .	<u> </u>			
12404 Park Central Dr	ive, S	uite 40	00, I	Dallas,							
Reason(s) for Filing (Check proper box) New Well		Change in	T	order of:	Ot	her (Please expl	lain)				
Recompletion	Oil		Dry G								
Change in Operator	Casinghe	ad Gas	Conde								
If change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL	AND LE	ASE						-·· · ·			
Lease Name Well No. Pool Name, includi								of Lease			
Henshaw Federal	· · · · · · · · · · · · · · · · · · ·	1	<u> </u>	Henshar	w-Atoka		State.	Federal or Fe	e NM11	1327	
Location Unit LetterN	_	330	F	rom The	S	ne and 1	7·50 F .		W	• •	
			_ rea r		<u>u</u> ı	DE 1100		eet From The		Line	
Section 14 Townshi	p 16S		Range	, 30E	۸,	ІМРМ,	Eddy	<u> </u>		County	
III. DESIGNATION OF TRAN	SPORTI	ER OF O	IL AN	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)					
Koch 0i1 Name of Authorized Transporter of Casinghead Gas or Dry Gas X						PO Box 1558, Breckenridge, TX 76024 Address (Give address to which approved copy of this form is to be sent)					
GPM Gas Corporation	V45									e, OK 740	
If well produces oil or liquids, zive location of tanks.	Unit	Sec.	Twp.	•		ly connected?	When	?		<u> </u>	
If this production is commingled with that	C	24	165		ye			10/87			
IV. COMPLETION DATA	HOIR MAY OL	Tiet feare of	poor, gr	ive containing	nng order nun			· ·		<u>=</u>	
Designate Type of Completion	~	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded		pl. Ready to	o Prod.		Total Depth	<u>l</u>	1	P.B.T.D.	<u> </u>	1	
		y						1.5.1.5.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
Perforations					1			Depth Casing Shoe			
							······································				
LOI E CIZE	1				CEMENT	NG RECOR			24040 0514		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET	 	ρ	SACKS CEMENT POT IN-7 12-31-93		
					†			1 1			
									hy GT	PP	
V. TEST DATA AND REQUES	T FOR	ALLOW	ARIE				·	1	<u> </u>		
OIL WELL (Test must be after r					be equal to o	r exceed top all	owable for thi	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	est			Producing N	lethod (Flow, pr	ump, gas lift, i	elc.)			
Length of Test	Tubing De	~~~			Casing Press	ine.		Choke Size			
bengar or row	Tubing Pressure Oil - Bbls.				Casing Pleasure						
Actual Prod. During Test					Water - Bbls	<u>. </u>		Gas- MCF			
CAC WELL					<u> </u>			1			
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nsate/MMCF		Gravity of C	Ondensate		
		Tonker of 1006						Charles of Contonions			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
UI ODED ATOD CEDWING	1		N V	NOTE:	۱						
VI. OPERATOR CERTIFIC				NCE		OIL CON	NSERV.	ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					Date Approved DEC 2 8 1993						
is true and complete to the best of my	nowledge 2	and belief.			Date	e Approve	dDE	<u>6 28 8</u>)		
Phondax	ditta	Ω.									
Signature	<u>ruuu</u>	<u>. </u>			By_						
Rhonda Sutton Regulatory Coordinator						SUPERVISOR, DISTRICT II					
	214/788				Title						
Date		Tele	phone l	No.	H						

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.