

P.O. Box 1980, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION

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

RECEIVED

JAN 22 '90

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator <u>BRIDGE OIL COMPANY, L.P.</u>		Well APN No. <u>C. C. D.</u>
Address <u>12377 Merit Drive, Suite 1600, Dallas, Texas 75251</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	<u>EFFECTIVE 01/01/90</u>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator Petrus Oil Company, L.P. Suite 1600, Dallas, Texas 75251
12377 merit drive

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Brainord Gas Com</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Atoka Penn Gas</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No.
Location				
Unit Letter <u>B</u>	<u>1180</u>	Feet From The <u>N</u>	Line and <u>1505</u>	Feet From The <u>E</u> Line
Section <u>11</u>	Township <u>18 S</u>	Range <u>26 E</u>	NMPM, <u>Eddy</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>Box 3119, Midland, TX 79701</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>Phillips Bldg. Bartlesville, OK 74004</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>B</u>	Sec <u>11</u>
	Twp <u>18 S</u>	Reg <u>26 E</u>
	Is gas actually connected? <u>Yes</u>	When? <u>6-1-69</u>

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
Date Spudded	Date Compl. 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			
TUBING, CASING AND CEMENTING RECORD								
HOPE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
					<u>Post ID-3</u>			
					<u>2-23-90</u>			
					<u>shy op</u>			

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

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.

Dora McGough
Signature Dora McGough Regulatory Analyst
Printed Name 1-15-90 Title 214-788-3300
Date Telephone No.

OIL CONSERVATION DIVISION

FEB 16 1990

Date Approved _____

By _____ ORIGINAL SIGNED BY
MIKE WILLIAMS

Title _____ SUPERVISOR, DISTRICT II

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.