P.O. Box 1980, Hobbs, NM 88240

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RECEIVED D

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

C. C. D.
ARTESIA, OFFICE

I.			NSPORT OF				·		
Operator BRIDGE OIL COMPA					API No.		-		
Address 12377 Merit Driv	e, Suite	1600,	Dallas,	l'exas	75251				_
Reason(s) for Filing (Check proper box)					Nher (Please expla	zin)			_
New Well	Oil		Transporter of: Dry Gas		EFFECTIV	Æ 01/01	/90		
Change in Operator X  If change of operator give name Dotr	Casinghead		Condensate	to 160	) Pollog	Mosso a	75251		_
and address of previous operator PETT  II. DESCRIPTION OF WELL			12377 20	r 1+ Dr.	J, Dallas,	iexas	75251	<u> </u>	_
Midwest "L" Fed Go	Well No. Pool Name, Including Com						of Lease Federal or Fee	f Lease No. Federal or Fee	
Location	. ^	1	<u> </u>	<u> </u>	1 G	1.014 CA		1.7	_
Unit Letter	: <u>'                                   </u>	<u>so</u>	Feet From The		ine and		et From The	Line	
Section 7 Townshi	<del></del>		Range 24		NMPM,	<u>Ed al</u>	<del>/</del>	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OF OI			ive address to wh	uck approved	copy of this form	is to be sent)	_
The termian Cor Name of Authorized Transporter of Casing		rucks	or Dry Gas	P. O. BOX 183 Houst			on tx 27001		
El Jaso Natural  If well produces oil or liquids.	<u>(Sas C</u>	0.	·	1.01	<u> 30% 138</u>	4 , Ja	L, NIM	) 88253	_
give location of tanks.		<u> </u>	22   Real 26	V	ally connected?	When	5-14-	14	
If this production is commingled with that IV. COMPLETION DATA	from any other	lease or po	ool, give comming	ling order mi	mber:			·	_
Designate Type of Completion	- (X)	Oii Well	Gas Well	New Wel	I Workover	Deepen	Plug Back Sar	ne Res'v Diff Res'v	7
Date Spudded Date Compl.		Ready to I	Ready to Prod.		Total Depth		P.B.T.D.		1
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Ga	Top Oil/Gas Pay			Tubing Depth	
Perforations				l	D			Depth Casing Shoe	
TUBING, CASING AND CEMENTING RECORD									1
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT POST ID-3		
							7.	3-90	1
7. TEST DATA AND REQUES	T FOR AL	LOWAL	RLF				- ANG	p	1
OIL WELL (Test must be after re	covery of total							ull 24 hours.)	_
	Date of Test			Producing Method (Flow, pump, gas lift, et					
Length of Test	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbis.			Water - Bbis.			Gas- MCF		
GAS WELL Actual Prod. Test - MCF/D	ll comb of the							*	_
	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC					OIL CON	SERVA	TION DI	VISION	J
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.				#FD				1 6 1990	
Down Grand	/			Dat	e Approved				-
Signature Dora McGough Regulatory Analys				By_	By ORIGINAL SIGNED BY MIKE WILLIAMS				_
Printed Name Table 1-15-90 214-788-3300				TitleSUPERVISOR, DISTRICT II					
Date			one No.		٠				

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.