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Appropriate District Office  
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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

RECEIVED

JAN 22 '90

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

|  |                          |
|--|--------------------------|
| Operator<br>BRIDGE OIL COMPANY, L. P. /  | Well API No.<br>O. C. D. |
| Address<br>12377 Merit Drive, Ste. 1600, Dallas, Texas 75251   |                          |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain)<br>Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Effective 01/01/90<br>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<br>Petrus Oil Company, L. P., 12377 Merit Drive, Ste. 1600, Dallas, TX 75251  |                          |

II. DESCRIPTION OF WELL AND LEASE

|   |               |  |   |                      |
|---|---------------|--|---|----------------------|
| Lease Name<br>Federal 12 Com  | Well No.<br>1 | Pool Name, including Formation<br>Burton Flat (Morrow) | Kind of Lease<br>State (Federal) or Fee | Lease No.<br>0553283 |
| Location<br>Unit Letter A : 660 Feet From The N Line and 660 Feet From The E Line<br>Section 12 Township 21 S Range 26 E, NMPM, Eddy County |               |  |   |                      |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

|  |  |
|--|--|
| Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/><br>The Permian Corp.               | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1183, Houston, Tx 77001 |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas <input checked="" type="checkbox"/><br>El Paso Natural Gas Co. | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1492, El Paso, Tx 79978 |
| If well produces oil or liquids, give location of tanks.<br>Unit A Sec. 12 Twp. 21 S Rge. 26 E                             | Is gas actually connected? When?<br>Yes  |

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 |                             |          |                 |          |                   |           |            |            |
| HOLE SIZE                           | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT      |           |            |            |
|                                     |                             |          |                 |          | Post ID-3         |           |            |            |
|                                     |                             |          |                 |          | 2-23-90           |           |            |            |
|                                     |                             |          |                 |          | chy up            |           |            |            |

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            | lbbls. 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.

Signature  
Dora McGough  
Printed Name  
January 8, 1990  
Date  
214/788-3300  
Telephone No.  
Regulatory Analyst  
Title

OIL CONSERVATION DIVISION

Date Approved FEB 1 5 1990

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

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.