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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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

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

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			CALCO 6/30			)AN	22 '90	
	REQUEST FOR ALL					MAL	22 30	
I.	TO TRANSPO	ORT OIL	AND NA	TURAL GA				
Operator Operator					Well A	PI No.	SIA, OFFICE	
BRIDGE OIL COMPANY	', L. P.					ARIES	MA, OTTIO	
	Cho 1600 Dallas	. m	- 7E0E1				_	
Reason(s) for Filing (Check proper box)	Ste. 1600, Dallas	s, rexa		er (Please expl	-:-1			
New Well	Change in Transport	ter of:		a (r ieuse expir	2UN)			
Recompletion	Oil Dry Gas			Effecti	ve 01/0	1/90		
Change in Operator	Casinghead Gas Condens							
If change of operator give name and address of previous operator Pe	etrus Oil Company,	L. P.	, 12377	Merit D	rive, St	e. 1600,	Dallas,	TX 75251
II. DESCRIPTION OF WELL	AND LEASE							
Lease Name	Well No. Pool Nar	Name, Including Formation Kind			Kind o	(Lease	Les	ise No.
Government D A/C 2	5 E. A	Avalon	- Bone	Spring		Federal or Fee	Nm	17095
Location			^	<u> </u>				100
Unit LetterK	: 0310 Feet From	m The	Line	and <u>a3</u>	10 Fo	et From The	<u> </u>	Line
Section Townshi	p 315 Range	278	, NN	ирм,	<u>Ed</u>	dy_		County
III. DESIGNATION OF TRAN	SPORTER OF OIL AND	NATUI	RAL GAS					
Name of Authorized Transporter of Oil	or Condensate		Address (Give	address to wh		copy of this form		
Name of Authorized Transporter of Casing	oro.			110,	<u> </u>	ston -		001
	ghead Gas X or Dry G a Yura / Cas Co		Address (Giw	e address to wh	uch approved	copy of this form	~ ~ ~	· .
If well produces oil or liquids,	Unit Sec. Twp.			0x 2105		<del></del>	889.	40
give location of tanks.		127E	is gas actually	connected?	When	11-27	-85	-
If this production is commingled with that in IV. COMPLETION DATA			ng order numb	- ) Her:		1000		
	Oil Well Ga	as Well	New Well	Workover	Deene I	Dive Deek  C-	- B	
Designate Type of Completion	- (X)		1100 11011	W OI KOYEI	Deepen	Plug Back  Sa	me Kes'v	Diff Res'v
Date Spudded	Date Compi. Ready to Prod.		Total Depth		<u> </u>	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas P	ay		Tubing Depth		
Perforations								1
						Depth Casing S	ihoe	
	TIDDIC CACDA	CAND		· <u> </u>				
HOLE SIZE	TUBING, CASING CASING & TUBING SIZ				<u>D</u>			
THEE OILE	CASING & TUBING SIZ	<u> </u>	DEPTH SET			SACKS CEMENT		
				<del></del>		Post	ID-3	
					<del></del> -		13-90	
			<del> </del>			<u>.M</u>	s op	
. TEST DATA AND REQUES	T FOR ALLOWABLE	<u> </u>			<del></del>			
OIL WELL (Test must be after re	ecovery of total volume of load oil	and must b	e equal to or i	exceed top allo	wable for this	denth or he for	full 24 hours	)
Date First New Oil Run To Tank	Date of Test		Producing Me	thod (Flow, pu	np, gas lift, et	c.)		<del>.,</del>
			_		1.0	- •		l
ength of Test	Tubing Pressure		Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF		
GAS WELL	<u></u>				<u> </u>			
GAS WELL Actual Prod. Test - MCF/D	Length of T		D					
THE POLICE OF THE PARTY OF THE	Length of Test		Bbls. Condens	ate/MMCF		Gravity of Con-	densate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressur	_ /CL :- \		A		
			Casing Fleasur	re (Snut-In)		Choke Size		
A. OPERATOR CERTIFICA		Œ					-	
I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.								
man and complete to the best of my knowledge and belief.		Date ApprovedFEB 1 6 1990						
Dora Mc Ja	/	İ	Bate Approved					
Signature	<del></del>		By ORIGINAL SIGNED BY					
Dora McGough Regulatory Analyst Printed Name Title		SUPERVISOR DISTRICT H						
January 8, 1990 2	14/788-3300 Telephone No.		Title_	-		· · · · · · · · · · · · · · · · · · ·		
	retepnone No.							

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.