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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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

RECEIVED

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.		JAN 22 '90
Operator BRIDGE OIL COMPANY, L. P.		Well API No.
Address 12377 Merit Drive, Ste. 1600, Dallas, Texas 75251		C. C. D. ARTESIA OFFICE
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/>		<input type="checkbox"/> Other (Please explain) Effective 01/01/90
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input 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., 12377 Merit Drive, Ste. 1600, Dallas, TX 75251		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ryan Com	Well No. 1-6	Pool Name, Including Formation South Carlsbad-Morro	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter D : 990 Feet From The W Line and 660 Feet From The N Line Section 5 Township 23S Range 27E, 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 The Permian Corp.	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77001				
Name of Authorized Transporter of Casinghead Gas Hano, Inc. / El Paso Natural Gas Co.	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1320, Hobbs, NM 88240, El Paso, TX				
If well produces oil or liquids, give location of tanks.	Unit D	Sec 5	Twp. 23S	Rge. 27E	Is gas actually connected? Yes	When? 1-1-73 / +2-5-74

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		
						Int 2.6-3		
						2-2.3-5.0		
						chg 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	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puoc, 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
January 8, 1990 214/788-3300
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 10 1990
By
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.