Subrust 5 Copies Appropriate District Office <u>DISTRICT I</u>	Energy, M	State of New Mexico Energy, Minerals and Natural Resources Department					Form C-104 Revised 1-1-89 See Instructions			
P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210		OIL CONSERVATION DIVISIO P.O. Box 2088 Santa Fe, New Mexico 87504-2088				at Bottom of Page G				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		·								
REQUEST FOR ALLOWABLE AND AUTHORIZ						JAN 22 90				
Operator BRIDGE OIL COMPANY, L. P.						API No.	Ē	N		
Address							الت المالت من	NEE		
12377 Merit Drive, Reason(s) for Filing (Check proper box)	Ste. 1600, D	allas, Tex		ner (Please expla	tin)					
New Well Recompletion Change in Operator	oil 🗌	Transporter of: Dry Gas		-		01/0	1/90			
If change of operator give name and address of previous operator Pe	trus Oil Comp		. 12377	7 Merit D	rive. S	te. 1600	Dallas	TX 7525		
IL DESCRIPTION OF WELL		<u> </u>				1000	, Darras,	<u>IA 7525</u>		
Leave Name Tederal LL		Well No. Pool Name, Including Forma Wild Cart			State, Federal					
Unit Letter	: <u>le le 0</u>	100 Feet From The SLine and 1980 Feet From The						Line		
Section 3 Townshi	<u>,235</u>	Range QU	ک , N	MPM,	Edd			County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		14				7				
The Permian(Address (Give address to which approved P.D. BOX 183 HD			US ton. TV 77001			
Name of Authorized Transporter of Casing	head Gas	or Dry Gas	Address (Gin	address to wh	ich approved	copy of this fo	rm is to be sen	()		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas actual	y connected?	When	<u>1000</u>		88240		
If this production is commingled with that from any other lease or pool, give commingling order number:										
IV. COMPLETION DATA	Oil Well	Gas Well	New Well	Workover	Devee	Dive Deals				
Designate Type of Completion	- (X)		1		Deepen	Plug Back	Same Kes'v	Diff Res'v		
Date Spudded	Date Compl. Ready to	ompl. Ready to Prod.		tal Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, esc.)	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe			
HOLE SIZE			CEMENTING RECORD							
	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT				
						2-23-50				
								the m		
V. TEST DATA AND REQUES OIL WELL (Test must be after re			he equal to or			daath as be f		· · · · · · · · · · · · · · · · · · ·		
Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					.)				
Length of Test	Tubing Pressure	Casing Pressure			Choke Size					
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.			Gas- MCF					
GAS WELL	<u> </u>									
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-i	n)	Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE			·							
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.			FEB 1 6 1990							
Dora Mc Saugh			Date Approved							
Signature Dora McGough Regulatory Analyst Printed Name			MIKE WILLIAMS SUPERVISOR DISTRICT IS							
Printed Name Title January 8, 1990 214/788-3300 Date Telephone No.			Title	Notes 1 y			<u> </u>			
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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.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.