P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

(015/_
Form C-104 Revised 1-1- See Instructi at Bottom of	89 ()

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

OIL CONSERVATION DIVISION P.O. Box 2088

RECEIVED

DISTRICT III		Sa	inta Fe, New	Mexico 87	504-2088					
1000 Rio Brazos Rd., Azzec, NM 87410 I.			OR ALLOWANSPORT C					JAN 2	2 '90	
Operator				10 111	TI OI IAL C		API No.			
BRIDGE OIL COMPANY	Y, L. P	. /						C. C. - artesia,		
12377 Merit Drive	. Ste.	1600. 1	Dallas. Te	xas 7525	1				OFFICE	
Reason(s) for Filing (Check proper box)	, 2001			o	ther (Please exp			•		
New Well	0"	Change in	Transporter of:	1	Effec	4110	0/01	190	-	
Recompletion	Oil Casinghe	ud Gas □	Dry Gas)]	CF-1 4C		,	/ 10		
If change of operator give name			pany, L. P	. , 1237	7 Merit 1	Drive, S	te. 1600	,Dallas	TX 7525	
II. DESCRIPTION OF WELL		ASE								
Lease Diame Federal MM	Com	Well No.	Pool Name, Inch	Cay Sx			of Lease Federal or Fe	1 4 1 4 .	1279	
Location			JONATA	<u> </u>	10	100		TIMM	08/19	
Unit Letter	_ : <u>_ 19</u> '	40	Feet From The	<u>N</u> <u>r</u>	ne and	8 0 F	et From The	ω	Line	
Samira 13 Tamas	. 23 '	5	21	$\hat{\epsilon}$			J			
Section Townshi	p α)		Range \(\square\)	<u>(</u>	NMPM,	<u></u>		 _	County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AND NAT							
Name of Authorized Transporter of Oil		or Conder	issie	Address (G	ive address to w	which approved	copy of this f	orm is to be se	(Int)	
Name of Authorized Transporter of Casin			or Dry Gas 🔯	Address (G	150X	183, 1	touston	$\frac{1}{2}$	7001	
Jano, Inc	-		or bry one [X	, P. O	ive address to w	1320 .	Hobbs	orm'is to be se	88240	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rg		lly connected?	When	? 10	/ -	3	
f this production is commingled with that	from env or	1 2	10350		(< >		12	- (a -)	<u> </u>	
IV. COMPLETION DATA	nom any on	NET REALISE OF	poor, give commi	ishing ourst mu	noer:					
Designate Type of Completion	~	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pi. Ready to	- Dend	Total Depth	1	1	Ļ	<u> </u>	<u>i</u>	
	Date Com	pr. Ready it	FIOL	Total Depti			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	enation	Top Oil/Gar	Pay		Tubing Dep	h		
Perforations	<u> </u>				······································					
							Depth Casin	g Shoe		
	Ţ	UBING,	CASING AN	D CEMENT	ING RECOR	SD .	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
HOLE SIZE	CA	SING & TL	JBING SIZE		DEPTH SET			SACKS CEMI	ENT	
	<u> </u>		·····			·	Po		3	
	-	 -		 				2-23-90		
							7	J. J.		
V. TEST DATA AND REQUES OIL WELL (Test must be after to										
OIL WELL (Test must be after r. Date First New Oil Run To Tank	Date of Ter		oj toda ou ana mu		r exceed top au lethod (Flow, p			or full 24 hou	rs.)	
							,			
Length of Test	Tubing Pre	SEUTE		Casing Pres	Rure		Choke Size			
Actual Prod. During Test	Oil - Bbls.		-	Water - Bbl	<u> </u>		Gas- MCF			
-										
GAS WELL							•			
Actual Prod. Test - MCF/D	Length of	Test		Bbls. Conde	nsate/MMCF		Gravity of C	ondensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Proc	Casing Pressure (Shut-in)			Chaka Siza			
	(SHR-III)		Casing 11cs				Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIANCE							
I hereby certify that the rules and regula	ntions of the	Oil Conserv	ration		OIL COI	NSERVA	NOITA	DIVISIO	N -	
Division have been complied with and it is true and complete to the best of my li	max me mior mowledge ar	umuon give id belief.	a above				FEB 1	6 1990		
1) 10 0	4			Date	e Approve	ed				
Mara Man	1h	····		∥ By_		្រុកស្រះម	AL SIGNE	D 84		
Signature Dora McGough I	() Regulat	ory An	<u>aly</u> st	by-		1. H. M. 1. V.	17593			
Printed Name		-	Title	Title) <u></u> _	<u> </u>	North Barry	rang ti		
January 8, 1990	214/788	-3300 Telep	phone No.			مهمور		and the same	•	

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.