Appropriate Listing Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

Energy, Minerais and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED

<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410			-						-	
I.			R ALLOWANSPORT O					JAN 22	'90	
Operator		1					API No.			
BRIDGE OIL COMPAN	Y, L. P.	/						C	; ,	
Address	Address						ARTESIA, OFFICE			
12377 Merit Drive		600, Da	allas, Tex	kas 75251				,		
Reason(s) for Filing (Check proper box)				Oth	er (Please exp	lain)				
New Well		_	Transporter of:						ŀ	
Recompletion	Oil		Dry Gas 📙		Effec	tive 01/	01/90		1	
Change in Operator f change of operator give name	Casinghead	Gas (Condensate							
II. DESCRIPTION OF WELL			any, L. P.	. , 12377	Merit D	rive, S	te. 1600	,Dallas,	TX 7525	
Lease Name	JAND DEA		Pool Name, Inclu	ding Formation		Kind	of Lease	T.	se No.	
Stephens	mo			arlsbad -	- Morrow		Federal or Fee		ise No.	
Location	10	_		A 1						
Unit Letter	_ :	XD 1	Feet From The _	N Lin	e and	80 E	et From The _	ω	Line	
Section Townst	-1- 000		_				~ 1 10iii 1iic _			
Section Towns	nip 23S		Range 2	7E , N	MPM,	Ed	dy		County	
II. DESIGNATION OF TRAI	NSPORTE	S OF OIL	AND NATE	TDAT CAR						
Name of Authorized Transporter of Oil		or Condens			e address to w	hick approved	com of this fo	er is to be see	-	
Navajo Crude Oil Pur		Co	X	1					"	
Name of Authorized Transporter of Casi	nghead Gas		or Dry Gas 🗓	Address (Giv	Drawer oddress to w	hich approved	esia. NM	88210		
Ilano, Inc. / Transv	estern F			Hobbs,	N.M., H	3ox 2521	, Housto	n, TX 77	001	
If well produces oil or liquids,		Sec 1	Wp. Rge	ls gas actuall		When				
ive location of tanks.	1 <u> </u>		135/27	<u>۲</u>	es	10-	18-73/	10-9-	72	
this production is commingled with that	t from any other	r lease or po	ol, give commin	gling order num	ber:				`	
V. COMPLETION DATA										
Designate Type of Completion	· · (50)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded					<u> </u>	<u></u>			i	
Date Spundes	Date Compi	. Ready to P	rod.	Total Depth			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay						
in addis (Dr., IND, RI, OR, Elc.)	DF, RKB, RT, GR, etc.) Name of Producing Formation			TOP OID Gas Pay			Tubing Depth			
Perforations							-			
							Depth Casing	Shoe		
	יד	IRING C	ASING AND	CEMENTTO	NC RECOR].			
HOLE SIZE	CAS	ING & THE	ING SIZE	CEMIENTI	DEPTH SET					
	HOLE SIZE CASING & TUBING SIZE			DEFINGE			SACKS CEMENT POST ID-3 2-23-90			
							7-	25-90		
								my ype		
. TEST DATA AND REQUE	ST FOR A	LLOWAI	BLE	<u> </u>						
IL WELL (Test must be after	recovery of low	al volume of	load oil and mus	t be equal to or	exceed top allo	owable for this	depth or be fo	or full 24 hours	e.j	
ate First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, pu	ump, gas lift, e	IC.)		,	
	<u> </u>									
ength of Test	Tubing Press	sure	<u></u> _	Casing Pressure			Choke Size			
ental Bred During Test										
ctual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas- MCF		
						<u>-</u>				
GAS WELL									- 	
actual Prod. Test - MCF/D	Length of Te	est		Bbis. Conden	MMCF		Gravity of Co	ondensate		
esting Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
	<u></u>			ļ			1			
I. OPERATOR CERTIFIC	ATE OF	COMPL	IANCE							
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.				SEB 1 6 1990						
	anowieage and	penel.		Date	Approve	d 🔭 🔭 🔭	a 1 o 18	au		
10 mals	1									
Signature Signature				∥ ву_			L SIGNED BY			
_	<u>Regulato</u>	rv Anal	lvst	^{Ly}		MIKE WI				
Printed Name			itle	THE		SUPERVI	ISOR, DIS	TRICT II		
January 8, 1990	214/788-	3300		Title_						
Date		Telepho	one No.	11				71 12 1		

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.