Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

RECEIVED

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, Suite 1600, Dallas, Texas 75251	O. C. D. ARTESIA, OFFICE

Reason(s) for Filing (Check proper box)

New Well ☐	Change in Transporter of:	Other (Please explain) ☐
Recompletion ☐	Oil ☐ Dry Gas ☐	EFFECTIVE 01/01/90
Change in Operator ☒	Casinghead Gas ☐ Condensate ☐	

If change of operator give name
and address of previous operator Petrus Oil Company, L.P. Suite 1600, Dallas, Texas 75251
12377 Merit Dr.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Brantley "B" Oil Com	Well No. 1	Pool Name, Including Formation South Culebra Bluff-Delaware	Kind of Lease State, Federal or Fee	Lease No.

Location

Unit Letter ___J___ : __1980__ Feet From The __South__ Line and __1980__ Feet From The __East__ Line

Section __24__ Township __23 S__ Range __28-E__ , NMPM, __Eddy__ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ The Permian Corp.	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 ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit J	Sec. 24	Twp. 23	Rge. 28	Is gas actually connected? NO	When ?

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
			Part IV-3
			2-23-90
			rhg ap

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 (pilot, 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.

Signature _Dora McGough_

Printed Name Dora McGough

Date 1-15-90

Title Regulatory Analyst

Telephone No. 214-788-3300

OIL CONSERVATION DIVISION

Date Approved ___FEB 1 6 1990___

By ORIGINAL SIGNED BY
MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

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.