CISF LT RECEIVED UP

P.O. Box 1980, Hobbs, NM 88240

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JAN 22 '90

DISTRICT III 000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							G. C. D.		
Operator BRIDGE OIL COMPAN	Y, L.P.					Well A	Pi No.			
Address 12377 Merit Drive	. Suite 16	00. D	allas. To	exas 75	251			· · · · · · · · · · · · · · · · · · ·	· · · · ·	
Reason(s) for Filing (Check proper box)					t (Please expl	zin)		•		
New Well	_	e in Trans	_		राग र भूसन्तर् स्	Æ 01/01,	/ 9 0			
Recompletion	Oil Casinghead Gas	<u> </u>	lensate			, <u></u> 01/01/				
	as Oil Comp	any, 12	L.P. Sui	te 1600,	Dallas,	Texas	75251			
Lasse Name	AND LEASE Well	No. Pool	Name, Includio	- T	bnian	Kind o	Lease ederal or Fee	BIS	5385	
Location	1000		<u> </u>	<u>~</u>	199					
Unit Letter	<u>: 1980</u>	Feet	From The		and	\sim $^{\wedge}$	t From The	<u> </u>	Line	
Section 13 Township	, 115	Rang	<u>,</u> 27	Z NA	ирм,	Uno	VUS		County	
III. DESIGNATION OF TRAN	SPORTER OF	OIL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil \USSTUM OIL \T		tat		Address (Gin	^	hich approved	copy of this fo	orm is to be sen	" 1700 1	
Name of Authorized Transporter of Casing			ry Gas	V · V -	<u> </u>	hich approved	copy of this fo	orm is to be sen		
If well produces oil or liquids,	Unit Sec	Twp	, Rge.	Is gas actually	y connected?	When	?		 	
give location of tanks.	J 113	<u> 11</u>	110	10		i				
If this production is commingled with that in IV. COMPLETION DATA	from any other leas	e or pool,	give comming!	ing order numi	oer:					
Designate Type of Completion	- (X)	Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. Read	dy to Prod		Total Depth	<u> </u>	1	P.B.T.D.	J	L	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations				1			Depth Casing Shoe			
	TIRD	NG. CA	SING AND	CEMENTI	NG RECOR	w	<u> </u>			
HOŁE SIZE				DEPTH SET			SACKS CEMENT			
						Post IO-3 2-23-90				
								che of		
V. TEST DATA AND REQUES	T FOR ALL C	WARI	.F.				<u> </u>	0 /		
OIL WELL (Test must be after r	ecovery of total vol	ume of loc	 ad oil and must					for full 24 hour:	r.)	
Date First New Oil Run To Tank	Date of Test			Producing M	ethod (Flow, p	ump, gas lift, e	ic.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.			Water - Bbis.			Gas- MCF			
GAS WELL	<u> </u>									
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitos, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul	lations of the Oil C	onservatio	0		OIL COI	NSERV	ATION	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my/knowledge and belief.				Date ApprovedFEB				1 6 1990		
Down mil	Lank				• •		AL SIGNI	-D BY	<u>.</u>	
Signature Dora McGough Regulatory Analys				By ORIGINAL SIGNE MIKE WILLIAMS SUPERVISOR, DIS					<u></u>	
Printed Name 1-15-90		Titl 214-7	88-3300	Title		SUPER'	//SOR, D			
Dete		Telephor								

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.