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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Bridwell Oil Company

Address
P.O. Box 2038, Abilene, Texas 79604

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 11/15/72
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico 8 State	Well No. 3	Pool Name, Including Formation Flying "M", San Andres	Kind of Lease State, Federal or Fee	Lease No. L-274
Location Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West				
Line of Section 8 Township 9-S Range 33-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900, Dallas, Texas 75221
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 F Sec. 8 Twp. 9-S Rge. 33-E 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 10-17-72	Date Compl. Ready to Prod. 11-10-72	Total Depth 4535	P.B.T.D. 4493					
Elevations (DF, RKB, RT, GR, etc.) 4390 Gr.	Name of Producing Formation San Andres	Top Oil/Gas Pay 4424	Tubing Depth 4340					
Perforations 4424 4424	Depth Casing Shoe 4534							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4	8-5/8	373	250 sx					
7-7/8	4-1/2	4535	250 sx					
	2-3/8	4340						

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 Tanks 11-15-72	Date of Test 11-21-72	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 45	Water-Bbls. 40	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Bruce A. Wynn
(Signature)
Production Superintendent

November 28, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 30 1972
BY [Signature]
TITLE SUPERVISOR DISTRICT I

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

INCLINATION REPORT

Field Name N. Flying M.S.A., County Lea, New Mexico, OCC No. _____
Operator Bridwell Oil Company Address P.O.Box # 2038, City Abilene,
State of Texas, Lease Name New Mexico State 8 Well No. 3
Survey 1980' FNL & 1980' FWL, Sec. 8, TS-9-S, R-33-E.

RECORD OF INCLINATION

<u>DEPTH (Feet)</u>	<u>Angle of Inclination (Degrees)</u>
375	1/2
858	1/2
1366	3/4
1834	3/4
2263	1
2772	3/4
3088	1
3420	1
3670	1
3966	3/4
4308	1
4535	1

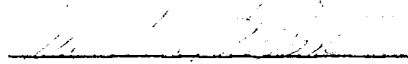
Certification of personal knowledge Inclination Data:

I hereby certify that I have personal knowledge of the data and facts placed on this form, and that such information given above is true and complete.

HONDO DRILLING COMPANY

By 
Walter Frederickson, Supt.

Sworn and subscribed to before me the undersigned authority, on this
1st day of November, 1972.

 Notary Public in and for Midland County, State of Texas.