

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

DISTRIBUTION		
SANITARY		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. OPERATOR
 Operator: Bridwell Oil Company
 Address: P.O. Box 2038, Abilene, Texas 79604
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

**OTHER CASINGHEAD GAS MUST NOT BE
 FLARED AFTER 11/10/73
 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 <u>7LL State</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Flying "M" - San Andres</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>E-7481</u>
Location Unit Letter <u>J</u> , <u>1980</u> Feet From The <u>East</u> Line and <u>1980</u> Feet From The <u>South</u> Line of Section <u>7</u> Township <u>9-5</u> Range <u>33-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Mobil Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 900, Dallas, Texas 75221</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>None</u>	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 <u>A</u>	Sec. <u>7</u>	Twp. <u>9-5</u>	Rge. <u>33-E</u>	Is gas actually connected? <u>No</u>	When <u>----</u>

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>7-17-73</u>	Date Compl. Ready to Prod. <u>9-10-73</u>		Total Depth <u>4480</u>		P.B.T.D. <u>4445</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>4394 GR</u>	Name of Producing Formation <u>San Andres</u>		Top Oil/Gas Pay <u>4390</u>		Tubing Depth <u>4315</u>			
Perforations <u>4390-4444</u>					Depth Casing Shoe <u>4480</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12 1/4</u>	<u>8 5/8</u>		<u>366</u>		<u>275</u>			
<u>7 2/8</u>	<u>4 1/2</u>		<u>4480</u>		<u>250</u>			
	<u>2 3/8</u>		<u>4315</u>					

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 <u>9-10-73</u>	Date of Test <u>9-15-73</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 HR</u>	Tubing Pressure <u>----</u>	Casing Pressure <u>----</u>	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>60</u>	Water - Bbls. <u>75</u>	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 Henry
 (Signature)
 Production Superintendent
 (Title)
9-19-73
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY Lester A. Clements
 TITLE _____

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.
 Separate Forms C-104 must be filed for each pool in multiply

INCLINATION REPORT

OPERATOR BRIDWELL OIL ADDRESS P. O. BOX 2038, Abilene, Texas
 LEASE New Mexico "7" State WELL NO. 2 FIELD _____
 LOCATION Section 7, T9S, R33E

Depth	Angle (Inclination 'degrees)	Displacement	Displacement Accumulated
1190	1/2	4.26	4.26
1000	1/2	4.43	8.69
1237	1/4	1.04	9.73
1391	4	10.75	20.48
1520	4	9.01	29.49
1648	3 3/4	8.37	37.86
1750	3 3/4	6.67	44.53
1890	4	9.77	54.30
2051	3 3/4	10.53	64.83
2230	3	9.36	74.19
2610	2 3/4	18.24	92.43
3120	1 3/4	15.56	107.99
3980	1	15.05	123.04
4320	1/4	1.50	124.54
4480	1/2	1.39	125.93

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING CORPORATION

By: *D. A. Rogers*
 Title: Drilling Superintendent

Affidavit:

Before me, the undersigned authority, appeared R. S. BRIDWELL known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

R. S. Bridwell
 (Affiant's Signature)

Sworn and subscribed to in my presence on this the 28 day of Sept 1973

Bruce Denny
 Notary Public in and for the County of TAYLOR, State of Texas

Seal