

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator

Bright & Company

Address

2911 Turtle Creek Blvd, Ste 700, Dallas, TX 75219

Reason(s) for filing (Check proper box)

☒ New Well

☐ Recompletion

☐ Change in Ownership

Change in Transporter of:

☐ Oil

☐ Casinghead Gas

☐ Dry Gas

☐ Condensate

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 11-8-89
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State "K"	3	Lane Abo	State, Federal or Fee State	V-2469
Location				
Unit Letter	H	1930 Feet From The	north	Line and 660 Feet From The east
Line of Section	2	Township	10 S	Range 33 E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

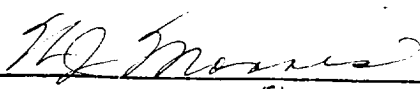
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Koch Oil Company	P O Box 1558, Breckenridge, TX 76024
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> 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 Sec. Twp. Rge. Is gas actually connected? When
	H 2 10 S 33 E no

If this production is commingled with that from any other lease or pool, give commingling order number: no

NOTE: Complete Parts IV and V on reverse side if necessary.

IV. 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 is true and complete to the best of my knowledge and belief.


(Signature)

W. J. Morris, Agent
(Title)

9/13/89
(Date)

OIL CONSERVATION DIVISION

SEP 25 1989

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

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 completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 8/14/89	Date Compl. Ready to Prod. 9/8/89	Total Depth 8900'		P.B.T.D. 8843'					
Elevations (DF, RKB, RT, GR, etc.) 4257' KB	Name of Producing Formation Abo	Top Oil/Gas Pay 3771'		Tubing Depth 8745'					
Perforations 8771'-8807' w/3 JSPF				Depth Casing Shoe 8900'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		375'		400 SX				
11"	8-5/8"		3970'		1250 SX				
7-7/8"	4-1/2"		8900'		1200 SX				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equl. to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 9/8/89	Date of Test 9/12/89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 125#	Casing Pressure 0	Choke Size 20/64ths
Actual Prod. During Test	Oil - Bbls. 120	Water - Bbls. 0	Gas - MCF 160

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

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SEP 22 1989

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