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

State of New Mexico Energy, Minerals and Natural Resources Dep. ent

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TF	RANS	SPORT (DIL AND NA	ATURAL C					
Operator Bridge Oil Compa								Well API No. 30-041-20410			
Address 12404 Park Centr	al Drive,	Suite	400.	Dallas	s. TX 752	51	····				
Reason(s) for Filing (Check prop						her (Please ex	olain)				
New Well		Change	in Tran	sporter of:_		(c vs—c -					
Recompletion	Oil		Dry	Gas _	EFF:	ECTIVE O	9/01/92				
Change in Operator	Casing	head Gas	Con	densate]						
If change of operator give name and address of previous operator									·		
II. DESCRIPTION OF V	VELL AND I	LEASE									
Lease Name	ding Formation			Kind of Lease Lease No.							
Swearingen "D"	····	11		Peterso	n Penn As	ssoc.	State	, Federal or Fe	⋑		
· ·		2086			S	5.	54		W		
Unit LetterL	:		_ Feet	From The	Lir	ne and	I	eet From The		Line	
Section 20	Township	5S	Rang	ge 33	E , N	МРМ,	Roos	sevelt		County	
III. DESIGNATION OF	TRANSPOR'	TER OF C	DIL A	ND NAT	TIRAT, GAS						
Name of Authorized Transporter (xfOil _{∇∇}	or Conde	nsale		Address (Gi	ve address so w	vhich approve	d copy of this	form is to be	seni)	
Amoco Pipeline I Name of Authorized Transporter of	502 N. West Ave., Levelland, TX 79336										
Trident NGL, Inc	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001										
If well produces oil or liquids,	Sec.	Twp	Rg				When ?				
If this production is commingled w	ith that from any	9	5	33		es		6/3	3/92		
IV. COMPLETION DAT	A.	Other rease of	poor, ;	Rive commun	gung order num	ber:					
Designate Type of Comp	letion - (X)	Oil Wel	1	Gas Well	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Date Compl. Ready to			Total Depth	L	<u> </u>	PRED	L		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation								P.B.T.D.			
					Top Oil/Gas	Pay		Tubing Dept	Tubing Depth		
Perforations	<u> </u>		· · · · ·	Depth Casing Shoe							
		TUDDIC	<u> </u>	DIG AVE							
HOLE SIZE CASING & TURING					CEMENTI	CEMENTING RECORD					
		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
					 		 -	 			
					 			ļ			
TEST DATA AND DEC	MECT FOR	171 010						 			
7. TEST DATA AND REC	dies recovery of	ALLOW	ABLE					·			
Date First New Oil Run To Tank	be equal to or	be equal to or exceed top allowable for this depth or be for full 24 hours.)									
	Producing Method (Flow, pump, gas lift, etc.)										
ength of Test Tubing Pressure					Casing Pressur	re	·	Choke Size			
Actual Prod. During Test	Oil - Bbl	Dil - Bbls.				Water - Bbls			Gas- MCF		
								GL MC			
GAS WELL Actual Prod. Test - MCF/D	Length of			-				<u> </u>			
commit Frod. 1881 - MCF/D	Bbls. Condens	Bbls. Condensate/MMCF Gravity of Condensate									
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)						
			•		Casing Fressur	e (Shut-in)		Choke Size			
L OPERATOR CERTI	FICATE O	COMPI	LIAN	ICF.	<u> </u>						
I hereby certify that the rules and	monitorios of at	0".0			∥ 0	IL CON	SERVA	TION	NIVISIO	NI -	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.										1.4	
(-)					Date /	Approved	1	OCT U	4		
There VI	nght			İ		FF. 5100					
Irene Wright Prod. Analyst Supv.					By ORIGINAL SECRED BY JERRY SERVICES						
Printed Name		•	Title.	ο ν .		HS1	Serve of	#) 기막다.			
08/30/92 Date	214/	788–338	6		Title_						
		Telepi	none N	o							

- 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
- 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.