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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

l		OTHA	NSP	OH I OIL	AND NA	I UHAL GA			<u> </u>		
Operator Bridge Oil Company, L	. P.						I	Well API No. 30-041-20411			
Address 12404 Park Central Drive, Suite 400, Dallas, Texas 75251											
Reason(s) for Filing (Check proper box)					Othe	r (Please expla	zin)				
New Well		Change in	Transpo	orter of:	_		·				
Recompletion	Oil		Dry Ga								
Change in Operator		Ge 🕅									
If change of operator give name											
II. DESCRIPTION OF WELL AND LEASE											
Lease Name			Pool N	ame, Includi	ng Formation		Kind o	(Lease	Le	ase No.	
Swearingen "C"	enn Assoc.			e, Federal o(Fee)							
Location											
Unit Letter N	:55	4	Feet Fr	om The	S Line	and2	2078 F o	et From The.	W	Line	
Section 18 Township 5S Range 33E , NMPM, Roosevelt Count									County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil XX or Condensate Address (Give address to which approved copy of this form is to be sent)											
Amoco Pipeline Intercorporate Trucking 502 N. West Ave., Levelland, TX 79336											
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Warren Petroelum Co.						PO BOx 1589, Tulsa, OK 74102					
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	l''	Is gas actually connected? When?					
ive location of tanks.		19 5S		1 33E	ves		1	9-6-77			
f this production is commingled with that f	 						!	9- U-11			
IV. COMPLETION DATA	iom any our		, g. ·	o comming.	ing order dam.	~ <u></u>					
Designate Type of Completion -	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth		<u> </u>	P.B.T.D.	<u>[</u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Elevation (21, 1912), 111, 611, 612.								Tabling Depair			
Perforations								Depth Casin	g Shoe		
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE CASING & TUBING SIZE						DEPTH SET		SACKS CEMENT			
	i						· · · · · · · · · · · · · · · · · · ·		·····		
							 				
				<u></u>							
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		<u> </u>			1			
				oil and must	be equal to or	exceed top allo	owable for this	depth or be	for full 24 hour	·s.)	
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 Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)											
	J	-					,	•		ŀ	
Length of Test	Tubing Pressure				Casing Pressu	ire	· · · · · · · · · · · · · · · · · · ·	Choke Size	-	$\overline{}$	
10000 100000				_							
Actual Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF			
OH - Dots.											
GAS WELL	!										
Actual Prod. Test - MCF/D	II anash of T	`			Dhie Conden			Carrier	Sandanasia	·	
Actual Flot. Test - MICF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Tuking Description in					Casing Pressure (Shut-in)			Choke Size			
resums Meurou (puot, back pr.)	Method (pitot, back pr.) Tubing Pressure (Shut-in)					ire (Situt-III)		Cloke Size			
VI. OPERATOR CERTIFICA	ATE OF	COM	TTAN	JCF.	ir			1			
				ICL	(OIL CONSERVATION DIVISION					
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above											
is true and complete to the best of my knowledge and belief.					UEC () 8 1993						
N_{\perp}	Date	Approve	d		- 						
12 hm/16CX Sutton											
Simpling						Or	ig. Signed	pa			
Signature Rhonda Sutton Regulatory Coordinator					-, -	Paul Kasta					
Printed Name Title					Title	Geologist					
12/2/93 214/788-3371											
Date		Tele	phone N	lo.							
			•		11						

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.