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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.	<del></del>	TO THA	<b>NS</b>	PORTC	IL AND NA	HUHAL G						
Operator Bridge Oil Company, L	Oil Company, L. P.						Well	API No. 30-041-20421				
Address 12404 Park Central Dr	ive Su	ite //	10 1	Dallac	Texas 7	5251	L.	<del></del>			_	
Reason(s) for Filing (Check proper box)	176, 50	1100 40	, ,	Dallas			<del>, ; , -</del>				_	
New Well		Change in	Trans	norter of		net (Please exp	nain)					
Recompletion	Oil		Dry (	_	1							
Change in Operator		d Gas 🏻		ensate	, 1							
If change of operator give name	- Cangara	- C	-	CHARGE	J				· · · · · · · · · · · · · · · · · · ·	··	-	
and address of previous operator  II. DESCRIPTION OF WELL	AND LEA	SE							· · · · · · · · · · · · · · · · · · ·			
Lease Name	TEVE DEF		Pool	Name, Inch	ding Formation		Kind	of Lease	T.	ease No.	_	
Swearingen "B" 4 Peterson I										C23C 140.		
Location			1						<u> </u>			
Unit LetterE	_ :	2086	. Feet 1	From The	N Lin	e and76	6. Fo	et From The	W	Line		
Section 20 Township	, NMPM, Roosevelt County											
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL Al	ND NAT	URAL GAS							
Name of Authorized Transporter of Oil	X	or Conden				ve address to w	hich approved	copy of this j	form is to be se	nt)	_	
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)											
Warren Petroleum Co.	PO Box 1589, Tulsa, OK 74102											
If well produces oil or liquids,	Unit	Sec.	Twp.	Rg		y connected?	When		<del></del>		-	
give location of tanks.	$\bot$ B $\bot$	19	<u>5S</u>	33E	yes		L	12-10-7	6			
if this production is commingled with that if  IV. COMPLETION DATA	from any oth	er lease or	pool, g	ive commin	igling order num	ber:					_	
Designate Type of Completion	- 00	Oil Well	<u> </u>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	_	
Date Spudded Date Compi. Ready to Prod.				<del></del>	Total Depth		<u> </u>	P.B.T.D.	L	<u> </u>	_	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pav		Tubica Death				
								Tubing Depth				
Perforations								Depth Casin	g Shoe			
	T	UBING.	CAS	ING ANI	CEMENTI	NG RECOR	2D	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<del></del>	4	
HOLE SIZE CASING & TUBING SIZE						DEPTH SET		SACKS CEMENT				
							· · · · · · · · · · · · · · · · · · ·					
		****		· · · · · · · · · · · · · · · · · · ·						<del></del>	٦	
. TEST DATA AND REQUES	T FOR A	LLOWA	BLF									
OIL WELL (Test must be after re					st be equal to or	exceed top alli	awable for this	denth or he	for full 24 hour	·• )		
Date First New Oil Run To Tank	Date of Tes		-7			thod (Flow, pr			01 14 100	3./	<u>.</u> د	
Length of Test	Casing Pressu	ire		Choke Size	Choke Size							
Tubing Pressure					Water - Bbls							
Actual Prod. During Test	During Test Oil - Bbls.							Gas- MCF				
GAS WELL	<b>.</b>							·			٢	
Actual Prod. Test - MCF/D	Length of Test				Bbis. Conden	sate/MMCF		Gravity of Condensate				
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size				
					J						]	
VI. OPERATOR CERTIFICA				NCE	ے ا	NI 001	ICED\	TION 1	- II ((O) O			
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					በርር ወ <i>ህ «ለመ</i> ት							
A LOCAL OF THE ALL OF					Date Approved DEC 08 393							
Khmda(X Sitter)						• •				-		
Signature (					By	<u>Orig</u>	Signed b	¥				
Rhonda Sutton Regulatory Coordinator					Paul Kauts Geologist							
Printed Name Title					Title	•	46(Hulk boa					
· · · · · · · · · · · · · · · · · · ·	4//88-3			<del></del>	Title	<del></del>	<del></del>		<del></del>		-	
Date		Telep	n sarock	₩.	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.