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

State of New Mexico gy, Minerals and Natural Resources Departm.

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 8741	0 5-0			, 1 (OW 1)	icalco or.	2000					
I.	REQ					AUTHOR		1			
Operator		TOTRA	4NSP	OH I OI	L AND N	ATURAL C		II API No.			
Bridge Oil Company,	L. P.						We		20 0/1	20/01	
Address							L		30-041-	20421	
12404 Park Central	Orive, S	Suite 40	00, D	allas,	TX 752	51					
Reason(s) for Filing (Check proper box, New Well		. .	_		Ot	her (Please exp	lain)				
Recompletion	Oil	Change in	Transpo Dry Ga		ירו כז	ECMIUM A	0 / 01 / 00				
Change in Operator	Casinghe		Conden		EFF.	ECTIVE 09	9/01/92				
If change of operator give name and address of previous operator			COLUCE								
II. DESCRIPTION OF WELI	AND LE	ASE						····			
Lease Name Swearingen "B"					ing Formation			d of Lease	Lease No.		
Location		4	Pe	terson	Penn As	ssoc.	Stat	e, Federal or Fe	9		
Unit Letter E		2086	_		N	7	66		t.1		
Out Letter	:		Feet Fro	om The	Lir	oe and		Feet From The	W	Line	
Section 20 Towns	nip 5	S	Range	33	BE , N	MPM,	Roo	sevelt		County	
III. DESIGNATION OF TRA	NSPORTE	R OF OI	L ANI	NATU	RAL GAS					County	
Name of Authorized Transporter of Oil Amoco Pipeline Inter	(UV)	or Condens	rate ,		Address (Gi	ve address to w	hich approv	d copy of this f	orm is to be:	sent)	
Name of Authorized Transporter of Casi				Gas 😿				elland,			
Trident NGL, Inc.	- 		or Diy	348 (JE)	P. O. H	<i>re address to wi</i> Box 1183.	<i>hich approx</i> Houst	ed copy of this foon, TX 77	orm is to be s	tent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.			Whe				
	В	19	_5	33	,	V A C		- ·	10/76		
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or p	ool, give	commingli	ing order numi	ber:					
Designate Type of Completion	- (X)	Oil Well	G₄	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		l. Ready to I	Prod		Total Depth	Ĺ	<u> </u>]	
			· IOL	!	rout Depth			P.B.T.D.	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing For	mation		Top Oil/Gas Pay			Tubing Depti	Tubing Depth		
Perforations											
								Depth Casing	Shoe		
	Т	UBING, C	CASINO	G AND (EMENTIN	NG RECORI			.		
HOLE SIZE	CAS	ING & TUB	ING SIZ	ZE	DEPTH SET			SACKS CENTRIT			
					JEI MIJET			SACKS CEMENT			
	 										
. TEST DATA AND REQUES	T FOR A	LLOWAE	BLE			<u> </u>					
IL WELL (Test must be after r.	ecovery of low	al volume of	load oil	and must b	e equal to or i	exceed top allow	whie for thi	a dameli an li ce			
tate First New Oil Run To Tank	Date of Test			1	Producing Met	hod (Flow, pun	p, gas lift, e	ic.)	r juli 24 hour	·s.)	
ength of Test	Tukin D							•			
	Tubing Press	ure			Casing Pressure			Choke Size			
ctual Prod. During Test	Prod. During Test Oil - Bbls.			Water - Bbis.			Gas- MCF				
•											
SAS WELL				· I.				<u> </u>			
ctual Prod. Test - MCF/D	Length of Te	et .		B	bls. Condensa	Je/MMCF		Comments			
sting Method (pitot, back pr.)	Citat hash					Gravity of Condensate					
(puot, back pr.)	Tubing Pressure (Shut-in)		C	Casing Pressure (Shut-in)		Choke Size					
LOPERATOR CERTIFIC	TEOR									}	
I. OPERATOR CERTIFICATION OF THE PROPERTY OF T				E		II 00NG)		-		
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.				OIL CONSERVATION DIVISION			N				
				Data 6			COTO				
Den This	1+			\parallel	Date A	Approved		· Mark W			
Signature Signature	u				Du 6	RIGINIAI die	NAME FOR	PER OWNER OF SEVE	വല		
Irene Wright Prod. Analyst Supy				. 11	By Cricinal reverse by Jersy Sexton						
Printed Name			·	1)							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

08/30/92

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

214/788-3386

Title

Telephone No.

- 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.