P.O. Box 1980, Hobbs, NM 88240

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
Operator BRIDGE OIL COMPAN	Ψ, L.P.	Weil A	30-041-20421
12377 Merit Drive, Suite 1600, Dallas, Texas 75251			
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas EFFECTIVE 01/01/90 Change in Operator Casinghesd Gas Condensate			
If change of operator give name and address of previous operator Petrus Oil Company, L.P. Suite 1600, Dallas, Texas 75251 12377 Meri+ Dr.			
II. DESCRIPTION OF WELL AND LEASE			
Lease Name, Including Formation Well No. Pool Name, Including Formation Lease No. Kind of Lease State, Federal or Fee Lease No.			
Unit Letter E: 2086 Feet From The N Line and 766 Feet From The Line			
Section 20 Township 55 Range 33-E, NMPM, ROOSE VEH County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil Western Oil T	ransportation	Address (Give address to which approved	copy of this form is to be sent) OUSTON 1 TV 77001
Name of Authorized Transporter of Casing	cheed Gas or Dry Gas	Address (Give address to which approved	copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec Two Rea	Is gas actually connected? When	2
give location of tanks.	B 19 15 133	Ves :	12-10-76
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA			
Designate Type of Completion	- (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	<u> </u>	<u>.</u>	Depth Casing Shoe
	TUBING, CASING AND		010/0 05/15/5
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST FOR ALLOWABLE 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 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 FEB 1 3 1990 Date Approved	
Signature Dora McGough Regulatory Analyst By ORIGINAL SIGNED TO STATE OF THE PROPERTY OF THE P			NED BY I THE SERVEN
Printed Name 1-15-90	Regulatory Analys Title 214-788-3300	DISTRICT I SUPERVISOR Title	
Dete Telephone No.			

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.