

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

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

# OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator BRIDGE OIL COMPANY, L.P.		Well API No. 30-025-26589
Address 12377 Merit Drive, Suite 1600, Dallas, Texas 75251		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	EFFECTIVE 01/01/90
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator Petrus Oil Company, L.P. Suite 1600, Dallas, Texas 75251 12377 merit Dr.		

II. DESCRIPTION OF WELL AND LEASE		B-11078 E-4199
Lease Name State MM Com	Well No. 1	Pool Name, including Formation N. Anderson Ranch Wolfcamp
Kind of Lease State, Federal or Fee		Lease No. for 60 acre space
Location Unit Letter I : 3637 Feet From The N Line and 810 Feet From The East Line Section 3 Township 16S Range 32E, NMPM, Lea County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/> Western Oil Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Tx 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2197, Houston, Tx
If well produces oil or liquids, give location of tanks. Unit I Sec 3 Twp 16 Rge 32	Is gas actually connected? <input checked="" type="checkbox"/> Yes When? 10/9/80

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
TUBING, CASING AND CEMENTING RECORD	
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
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Tubing Pressure
Oil - Bbls.	Casing Pressure
Water - Bbls.	Choke Size
Gas - MCF	

GAS WELL	
Actual Prod. Test - MCF/D	Length of Test
Testing Method (pilot, back pr.)	Bbls. Condensate/MMCF
Tubing Pressure (Shut-in)	Gravity of Condensate
Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION FEB 13 1990	
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.		Date Approved _____	
Signature Dora McGough		By ORIGINAL SIGNED BY JERRY SEXTON	
Printed Name 1-15-90		DISTRICT I SUPERVISOR	
Date 1-15-90		Title _____	
Telephone No. 214-788-3300			

### 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.

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