

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
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator BRIDGE OIL COMPANY, L. P.	Well API No. 30-025-30879
Address 12377 Merit Drive, Ste. 1600, Dallas, Texas 75251	
Reason(s) for Filing (Check proper box) Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Julia Culp (Com.)	Well No. 2	Pool Name, Including Formation Wildcat Mississippian	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter H : 2310 Feet From The North Line and 660 Feet From The East Line				
Section 34 Township 15S Range 35E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Koch	P. O. Box 1558, Breckenridge, TX 7602					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Co.	P. O. Box 1589, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 34	Twp. 15S	Rge. 35E	Is gas actually connected? No	When ?

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
		X	X					
Date Spudded 5/06/90	Date Compl. Ready to Prod. July 11, 1990		Total Depth 13,950		P.B.T.D. 13,819			
Elevations (DF, RKB, RT, GR, etc.) 3954.9 Gr.	Name of Producing Formation Mississippian		Top Oil/Gas Pay 12,992		Tubing Depth 13,330			
Perforations 13,391' to 13,522' w/37 holes - 1SPF					Depth Casing Shoe 13,330			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		415		450 Sx. Cl. "C"			
12-1/4" & 11"	8-5/8"		4788		1550 Sx. 35-65 Poz. "C"			
					300 Sx. Cl. "C"			
7-7/8"	5-1/2"		13950		1400 Sx. 50-50 Poz "H"			

V. TEST DATA AND REQUEST FOR ALLOWABLE 2-7/8" 13,330 Tubing

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 - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 6878	Length of Test 1 Hr.	Bbls. Condensate/MMCF 43.8	Gravity of Condensate 63.2
Testing Method (puot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 4204	Casing Pressure (Shut-in) 550	Choke Size 19/64

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Dora McGough
Signature
Dora McGough Sr. Regulatory Analyst
Printed Name
July 18, 1990 214/788-3300
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____
Title _____

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.