Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-025-31102

5. Indicate Type of Lease STATE [XX] FEE [ ]

6. State Oil & Gas Lease No. VB-0102

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [X] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [ ]

b. Type of Well:
OIL WELL [XX] GAS WELL [ ] OTHER SINGLE ZONE [ ] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: CHEVRON STATE

2. Name of Operator: BRIDGE OIL COMPANY, L. P.

8. Well No. 1

3. Address of Operator: 12377 Merit Drive, Ste. 1600, Dallas, Texas 75251

9. Pool name or Wildcat ~~Wildcat~~ Northeast Eidson Miss.

4. Well Location
Unit Letter S : 2310 Feet From The South Line and 1650 Feet From The West Line

Section 3 Township 16S Range 35E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
12,600'	~~Chester~~ Miss.	Rotary

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
4009.3' Gr.	Blanket	NA	December 26, 1990

17.
PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	48	400	420	Surface
12-1/4/11	8-5/8"	24 & 32	4500	2000	Surface
7-7/8	5-1/2"	17 & 20	12500	800	9000'

1. BLOWOUT PREVENTER PROGRAM:

Casing String	BOP Size & API Series	No. & Type	Test Pressure (psi)
13-3/8"	13-5/8" - 5000 psi	1 - Double Ram	1000 psi
8-5/8"	13-5/8" - 5000 psi	1 - Double Ram	3000 psi
		1 - Annular Preventer	

2. Typical BOP sketch attached.
3. Completion to be conventional perforation and treatment.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____ TITLE Sr. Regulatory Analyst DATE 12/7/90

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE DEC 12 1990

CONDITIONS OF APPROVAL, IF ANY:

Notify Appropriate District Office
48 hours Prior to Spudding