	BO. DI COPISO RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER DIL	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL C	Form C-104 Supersedes Old C-104 and C-114 Effective 1-1-65
1.	Address	ng TX & NM Inc.		
	Reason(s) for filing (Check proper box) New Well X Recompletion Change in Ownership If change of ownership give name	Change in Transporter of: Oil Ory Gas Casinghead Gas Condens	Other (Please explain)	
11.	and address of previous owner DESCRIPTION OF WELL AND I Lease Name Bridges State Location	JEASE Well No. Pool Name, Including Fo 193 Vacuum (
	Unit LetterG : 142	7 Feet From The North Line	end 2554 Feet From 34E , NMPM,	The East Lea County
n.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Mobil Pipeline Name of Authorized Transporter of Cas Phillips Petrol	Company	Address (Give address to which appro Box 900, Dallas, Address (Give address to which appro VE: February 1, 1999, atthank Philips Bldg.,	TX 75221
IV.	If well produces oil or liquids, give location of tanks. If this production is commingled wit COMPLETION DATA Designate Type of Completio	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	Yes give commingling order number: New Well Workover Deepen X	4-15-85
	Date Spudded 3-16-85 Elevations (DF, RKB, RT, GR, etc.) 4030 GR	Date Compl. Ready to Prod. 4-15-85 Name of Producing Formation San Andres	Total Depth 4800 Top Oil/Gas Pay 4552	P.B.T.D. 4780 Tubing Depth
	Perforations 4552-4606 Depth Casing Shoe			
	HOLE SIZE 13-3/8 12-1/4 7-7/8	TUBING, CASING, AND CASING & TUBING SIZE 13-3/8 8-5/8 5-1/2	CEMENTING RECORD DEPTH SET 35' 1710' 4800	SACKS CEMENT Driven 1200x 5100x
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 allow- able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, ges lift, etc.)			
	4-15-85 Length of Test 24 hrs. Actual Prod. During Test	4-22-85 Tubing Pressure 150 Oil-Bbis.	Flowing Casing Pressure 150 Water-Bble.	Choke Size 21/64" Gas-MCF
	355 bbl	58	690	78 Gravity of Condensate
	Actual Prod. Test-MCF/D Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
¥1.	. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION COMMISSION MAY 2 1905 NAME AND A DESCRIPTION OF A DESCRIP	
	Mancy Luvis (Signature) Authorized Agent (Tule) 4-29-85 (Date)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeponed well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply	