

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

## 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<br><b>BRIDGE OIL COMPANY, L.P.</b>                                                                                                                |                                                                             | Well API No.              |
| Address<br><b>12377 Merit Drive, Suite 1600, Dallas, Texas 75251</b>                                                                                       |                                                                             |                           |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)                                                                    |                                                                             |                           |
| New Well <input type="checkbox"/>                                                                                                                          | Change in Transporter of:                                                   |                           |
| Recompletion <input type="checkbox"/>                                                                                                                      | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>               | <b>EFFECTIVE 01/01/90</b> |
| 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 <b>Petrus Oil Company, L.P. Suite 1600, Dallas, Texas 75251</b><br><b>12377 Merit Dr.</b> |                                                                             |                           |

#### II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                                                                          |                      |                                                           |                                                                         |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------|-------------------------------------------------------------------------|-----------|
| Lease Name<br><b>Record</b>                                                                                                                                                                              | Well No.<br><b>2</b> | Pool Name, Including Formation<br><b>Pearl San Andres</b> | Kind of Lease<br>State, Federal or Fee <input checked="" type="radio"/> | Lease No. |
| Location<br>Unit Letter <b>G</b> : <b>1980</b> Feet From The <b>N</b> Line and <b>1980</b> Feet From The <b>E</b> Line<br>Section <b>35</b> Township <b>19</b> Range <b>35</b> , NMPM, <b>Lea</b> County |                      |                                                           |                                                                         |           |

#### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                                           |                                                                                                                                                                     |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><b>Shell Pipeline Corp.</b>           | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. Box 1910, Midland, TX 79702</b>                                                 |                          |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>Warren Petroleum Corp.</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>2001 Penbrook St., Odessa, TX 79762</b><br><b>P.O. Box 1689, Lovington, NM 88260</b> |                          |
| If well produces oil or liquids, give location of tanks.                                                                                                  | Unit<br><b>No Change</b>                                                                                                                                            | Sec.<br><b>No Change</b> |
|                                                                                                                                                           | Twp.<br><b>No Change</b>                                                                                                                                            | Rgn.<br><b>No Change</b> |
| Is gas actually connected? <input type="checkbox"/> 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 |
| Date Spudded                        | Date Compl. 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                        |                             |          |                 |          |        | Depth Casing Shoe |            |            |
| 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    | 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        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

#### 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.

Signature Dora McGough Regulatory Analyst  
Printed Name **Dora McGough** Title **1-15-90**  
Date **1-15-90** Telephone No. **214-788-3300**

OIL CONSERVATION DIVISION  
**FEB 13 1990**

Date Approved \_\_\_\_\_

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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.