

Form C-104
Appropriate District Office
Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT
P.O. Drawer 90, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

DISTRICT
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator BRIDIAN, INC. Well Art No. 30-025-0954500

Address P.O. BOX 51810, MIDLAND, TX 79710-1810

Reason(s) for Filing (Check proper box) ☐ Other (Please explain) _____
New Well ☐ Change in Transporter of: ☐ To correct Gas Gatherer from El Paso Natur
Recompletion ☐ Oil ☐ Dry Gas ☐ Gas Co. to Sid Richardson Carbon & Gasolin
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐ Company.

If change of operator give name
and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Myers B Well No. (Pool Name, including Formation) 3 Jalmat T4H5:11 Y T T-R Kind of Lease State Federal or Fee CC 054665
Location C 660 Feet From The N Line and 1980 Feet From The W Line
Section 13 Township 24-S Range 36-E NMPM. Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Scurlock Permian Corp. or Condensate _____ Address (Give address to which approved copy of this form is to be sent) _____

Name of Authorized Transporter of Casinghead Gas Sid Richardson Carbon & Gasoline Co. or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent) 201 Main Street, Ft. Worth, TX 76102

If well produces oil or liquids, give location of tanks. Unit _____ Sec. _____ Twp. _____ Rge. Is gas actually connected? yes When? 12/60

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
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 (puot, 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.

Connie L. Malik

Signature Connie L. Malik, Regulatory Compliance Rep.
Printed Name _____ Title _____

Date 1/22/92 Telephone No. 915-688-6891

OIL CONSERVATION DIVISION

Date Approved FEB 07 1992

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.