Subrait 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Emergy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator				<u> </u>			Well	API No.		-	
BRIDGE OIL COMPAN	Y, L.P.	•									
Address 12377 Merit Drive	e, Suite	1600	, Da	llas, T	exas 75	5251					
Resecu(s) for Filing (Check proper box)					Oth	et (Please expla	in)				
New Well	Oil	Change in	Transp Dry G								
Recompletion	Casinghead		Conde								
To the second research research		<u> </u>	ny,	L.P., 1	2377 Mei	it Dr.,	Suite 1	600, Da	llas, Te	xas 7525	
II. DESCRIPTION OF WELL	AND LEA				ve 1/01/	'90		Annata 1			
Lease Name	l l	Well No.			ng Formation		Cree	of Lease Federal or Fe	\I	sase No.	
Humphrey Queen Ur	III	91	Lar	nglie Ma	ittix /	Rivers Ou	ieeti				
Unit Letter	. 32	O	East E	T N	or the Lin	09		et From The	Wes-	Line	
	•	25s	root I	37E	<u> </u>		r	_		<u> </u>	
Section 5 Township			Range	3/E	, N	MPM,		Lea		County	
III. DESIGNATION OF TRANS	SPORTE	OF OF	T. AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Condens				e address to wh	ich approved	copy of this j	form is to be se	nt)	
Not Applicable-											
Name of Authorized Transporter of Casing	head Gas		or Dry	Ges	Address (Giv	e address to wh	ich approved	copy of this)	form is to be se	nt)	
If well produces oil or liquids,	Unit	Sec.	Twp. Rge. Is gas actually connected?		When	When ?					
give location of tanks.	Ĺ	<u>i</u>	25-	SI 37-F							
If this production is commingled with that f	rom any othe	r lease or p	oool, gi	ve comming!	ing order numi)			· · · · ·		
IV. COMPLETION DATA		Oil Well		Gas Weli	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	(X)		_i_								
Date Spudded	Date Compl	. Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
,,,											
Perforations								Depth Casiz	ng Shoe		
		IDNG	CASI	NG AND	CEMENTI	NC PECOPI	<u> </u>	1			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE	<u>.</u>	1			4			
OIL WELL (Test must be after re			of load	oil and must					for full 24 hour	rs.)	
Date First New Oil Run To Tank	Date of Test	L			Producing Me	ethod (Flow, pu	mp, gas iyt, e	HC.)			
Length of Test	Tubing Pressure				Casing Press.	ire		Choke Size			
								Gas- MCF			
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.			Car- NICI			
GAS WELL					·						
Actual Prod. Test - MCF/D	Length of T	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
realing traction (place, seeings ,	(11111111111111111111111111111111111111				, , 						
VL OPERATOR CERTIFICA	ATE OF	COMP	LIAI	NCE			0501	ATION	DN/1010		
I hereby certify that the rules and regula					11	DIL CON	SERV				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					FEB 1 3 1990						
D. Grad	/	-			Date	Approved			<u> </u>		
Signatura McCough Signatura McCough Demulatory Analyst					By ORIGINAL SIGNED BY JERRY SEXTON						
Dora McGough Regulatory Analyst Pristed Name Title					DISTRICT I SUPERVISOR						
January 8, 1990	2	214-788		00	Title				<u>-</u>		
Date		Teleg	phone l	vio.				<u>.</u>			

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.