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Appropriate District Office
DISTRICT I
P.O. Box 1980, 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 II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Oil Company	r D						Well A	Pl No.			
Bridge Oil Company,	L. P.										
12404 Park Central D	rive, S	Suite 4	00, Da	llas,	, TX 752	51	_				
Reason(s) for Filing (Check proper box)				,	Othe	t (Please expla	in)				
New Well		Change in 7	•								
Recompletion	Oil		Dry Gas		Eff	ective 1	1/1/91				
Change in Operator	Casinghead	lGas 🔯 (Condensate	: 🔲							
If change of operator give name and address of previous operator					- ''- <u></u>				*		
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name	Well No. Pool Name, Includi				g Formation		Kind o	Lease No.			
Humphrey Queen Unit			5 Langlie Mat			ttix 7 Rivers Queen State,			Federal or Fee 032592		
Location	•										
Unit LetterA	<u>: 33</u>	30	Feet From	The 🖊	ORTH Line	and <u>99</u>	70 Fe	et From The	EAST	Line	
Section 3 Township	25 S		Range	37E	NI	ирм,	Lea			County	
Section Township			reange .		, 191	111 141,	·· · · · · · · · · · · · · · · · · ·			County	
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil				NATUI			<u> </u>				
Shell Pipeline		or Condens			P. O.	address to whom 2648,	Housto	n, IX	7252	nt)	
Name of Authorized Transporter of Casing			or Dry Gar		Address (Giv	e address to wh	ich approved	copy of this fo	orm is to be se	nt)	
Sid Richardson Carbo	on & Ga	soline	Co.		l .	n St., S					
If well produces oil or liquids,	Unit				Is gas actually connected? When			2 UNKNOWN			
give location of tanks.	F+K	<u>3</u> 1	25S	37E	Y€	s	1	UNK	NOWN		
If this production is commingled with that f	rom any oth	er lease or p	ool, give c	ommingli	ing order numi) ег:					
IV. COMPLETION DATA		Oil Well	Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		l Bardada			Total Death	<u> </u>	<u> </u>	<u> </u>	1	<u> </u>	
Date Spudded	Date Comp	i. Ready to	PTOG.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>			Depth Casin	Depth Casing Shoe		
								'			
TUBING, CASING AND					CEMENTI	NG RECOR	D				
HOLE SIZE CASING &			TUBING SIZE			DEPTH SET			SACKS CEMENT		
	 							-			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		1						
OIL WELL (Test must be after re	ecovery of to	tal volume d	of load oil	and must	be equal to or	exceed top allo	wable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	st			Producing M	ethod (Flow, pu	ump, gas lift, i	tc.)			
								Chaka Sina	Choke Size		
Length of Test	ngth of Test Tubing Pres				Casing Pressure			CHOKE SIZE			
Actual Prod. During Test	ial 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 (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	Choke Size			
realing incurse (pass, takk pr.)	Tuoing Freedite (Suut-m)			Casing Prosesso (Great III)							
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIANC	E.							
I hereby certify that the rules and regul				_	(OIL CON	ISERV	ATION	DIVISIO	NC NC	
Division have been complied with and that the information given above								All orl		1	
is true and complete to the best of my knowledge and belief.					Date	Approve	М	A COM	A. A. Oak	l	
\rightarrow \sim \sim \sim	in let	_			Date	ے Wholose د	Lig. Signo	ed by.	· · · · · · · · · · · · · · · · · · ·		
Dune Mnight					By_	Paul Kautz					
Signature Irene Wright Regulatory Analyst					-		Geologi	-1			
Printed Name	214/	700 770	Title		Title						
11/8/91 Date	214/	788-330 Tele	phone No.								
		7 616	MINUS 140.		<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.

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