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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 State of New Mexico Energy, Minerals and Natural Resources Department

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

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 THAI	NSPURT OIL	ANU NA	I UNAL GA					
Operator BRIDGE OIL COMPAN	Y, L.P.				Well A	.r1 No.			
Address 12377 Merit Drive	, Suite 1600,	Dallas, Te	exas 75	5251					
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	oii 🔲	Transporter of: Dry Gas Condensate	Oth	a (Please expla	in)				
If change of operator give name and address of previous operator	rus Oil Compar	ny, L.P., 12	2377 Mer	it Dr.,	Suite 1	600, Dal	las, Te	xas 7525	
II. DESCRIPTION OF WELL A	AND LEASE	Effectiv	ve 1/01/	'90					
Lease Name Humphrey Queen Un	Well Na.	Pool Name, Includin Langlie Ma	-	Rivers Qu	Conta \	Lease Federal or Fee		592	
Location Unit Letter	: 330	Feet From The	vorthon	and 99	O Fee	et From The	<u> 203</u>	Line	
Section 3 Township	25S	Range 37E	, NI	MPM,		Lea		County	
THE PROJECT AND ADDRESS OF THE AND	CDADTED AF AI	T AND NATED	DAI GAS						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate									
Name of Authorized Transporter of Casing	'	or Dry Gas	Address (Giv	e address to who	ich approved	copy of this fo	79978	nt)	
If well produces oil or liquids, give location of tanks.			is gas actuali	y connected?	When	unkr	1000	<u> </u>	
If this production is commingled with that f			ng order num	ber:	L				
IV. COMPLETION DATA	ion any once ions of p								
Designate Type of Completion -	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. 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 REQUES	T FOR ALLOW	ABLE	he equal to or	exceed top allo	wable for this	depth or be t	or full 24 hou		
OIL WELL (Test must be after recovery of total volume of load oil and must b Date First New Oil Run To Tank Date of Test				ethod (Flow, pu	mp, gas lift, e	tc.)			
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF			
GAS WELL	<u> </u>		<u></u>			<u></u>			
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, 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.				OIL CONSERVATION DIVISION FEB 1 3 1990					
Days mold ash				Date Approved ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
Signature Dora McGough Regulatory Analyst			DISTRICT 1 SUPERVISOR						
Printed Name January 8, 1990	214-78	Title 8-3300	Title	1					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.

RECEIVED

JAN 22 1990

CSC HOBES CERCE