Subruit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

Energy,

State of New Mexico rais 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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Ι	TC	TRAN	ISPC	ORT OIL	AND NA	URAL GA		DEST.			
Operator Bridge Oil Company,	L. P.						Well A	IPI No.			
Address 12404 Park Central D	rive Su	ite 40		Dallas	TX 752	51					
	1100, 50		<u>.</u>	barras		t (Please expla		 			
Reason(s) for Filing (Check proper box)	O	nange in T	'raneno	ner of:	Out	1 (1 ieuse expus	<i></i> ,			,	
New Well		~~~	•		Eff	ective 1	1/1/91				
Recompletion	Oil	_	Ory Gar	_	<u> </u>	eccive i	1/1/31				
Change in Operator	Casinghead C	125 KA C	onden	52 (6							
If change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL							·-··				
Lease Name Humphrey Queen Unit	1				ng Formation ttix 7 F	ivers Qu		Lease Federal or Fe		592	
Location Unit Letter	. 165	~o ,	Cast Go	The No	ORTH I in	and9	90 Ea	at Emm The	EAST	Line	
2	250			37E			Lea	et Fiom The	· · ·		
Section Township	<u></u>		Range			ирм,		·		County	
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil		OF OII		D NATU		e address to wh	ich approved	copy of this	form is to be se	nt)	
Shell Pipeline P. U. Box 2648, Houston, TX 7/252											
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas											
Sid Richardson Carbon & Gasoline Co.							<u>uite 30</u>	00, Ft.Worth, TX 76102			
If well produces oil or liquids,		1ر م∞			Is gas actually connected? When		When	17			
give location of tanks.	FVK	<u>"3</u>	25S	37E	Ye	es		UNK	NOWN		
If this production is commingled with that if IV. COMPLETION DATA	from any other	lease or po	ool, giv	e commingl	ing order num	ber:					
	<u>~</u>	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded		ate Compi. Ready to Prod.			Total Depth	<u> </u>	<u> </u>	P.B.T.D.	<u> </u>	<u> </u>	
Florida (DE DER RE CR)	(OF DEPORT OF AN				Top Oil/Gas Pay						
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation								Tubing Depth			
Perforations								Depth Casing Shoe			
	ידר די	DING (CAST	NG AND	CEMENTI	NG PECOP	<u> </u>	1	<u> </u>		
TUBING, CASING AND									SACKS CEMENT		
HOLE SIZE	CASII	CASING & TUBING SIZE				DEPTH SET			SACKS CEMEN!		
			<u> </u>			· · · · · · · · · · · · · · · · · · ·					
V. TEST DATA AND REQUES	T FOR AL	LOWA	BLE								
OIL WELL (Test must be after r	ecovery of total	l volume o	of load	oil and must	be equal to of	exceed top allo	wable for thi	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		·	·		ethod (Flow, pu					
Length of Test	Tubing Pressure				Casing Press	ure	.	Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis			Gas- MCF			
Oli - Bols.											
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			
VI. OPERATOR CERTIFIC	ATE OF	COLE	TTAN	NCE.	1						
	·			NCE		OIL CON	ISERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation					1			6	n	J 1 4	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							*. •		₹30 F		
						Approve	d				
Diene Wright						Orig. Signed by,					
Signature					Dy Day Kalla						
Irene Wright Regulatory Analyst						, •	Geologist				
Printed Name Title 11/8/91 214/788-3300					Title)					
Date			phone i	No.							

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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