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Subrait 5 Copies Appropriate District Office	En	State of New Mexico Energy, Minerals and Natural Resources Department						Form C-104 Revised 1-1-89 See Instructions			
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION							at Bottom			
ISTRICT II O. Drawer DD, Ameria, NM 35210 Santa Fe, New Mexico 87504-2088											
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION											
I. TO TRANSPORT OIL AND NATURAL GAS Veli API No.											
BRIDGE OIL COMPAN	N, L.P.		<u></u>								
Address 12377 Merit Drive	, Suite	1600, 1	Dallas, T		5251						
Reason(s) for Filing (Check proper box)		hange in Tru	monter of:	Oth	et (Please explai	in)					
Recompletion	Oil Dry Gas										
Change in Operator	Casinghead										
and address of previous operator											
IL DESCRIPTION OF WELL AND LEASE Effective 1/01/90 Vell No. Pool Name, Including Formation							f 1 ene	Lease	No		
Lesse Name Humphrey Queen Unit 25 Langlie Mattix 7 Rivers Queen State, Federal or Fee											
Location											
Section 3 Township 25S Range 37E , NMPM, Lea								County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil		r Condensate		Address (Giv	e address to whi	ich approved	copy of this for	m is to be sent)	252		
Name of Authorized Transporter of Casing	head Gas	X or i	Dry Ges	Address (Gin	e address to why	8, HOI	ISTUN,	The is-to be sent)	252		
El Paso Natura	<u>1 Gas</u>	tom	pany	BOY	492 E	Pasi	, TX	14972	6		
If well produces oil or liquids, give location of tanks.	ITAKI		5-S 37-E		y connected?	When	Unkni	swn_			
If this production is commingled with that f IV. COMPLETION DATA	rom any other	lease or pool	, give commingli	ing order sum	ber:			<u></u>			
		Oil Well	Gas Weil	New Well	Workover	Deepen	Plug Back	Same Res'v D	iff Res'v		
Designate Type of Completion - Date Spudded		Ready to Pro	l d.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Forma	tion	Top Oil/Gas Pay			Tubing Depth				
Perforations	rations								Depth Casing Shoe		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
					· · · · · · · · ·						
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR AL	LOWABI	LL 2011 oil and must	be equal to or	exceed top allo	wable for this	depth or be fo	r full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	•		Producing M	ethod (Flow, pu	mp, gas lift, e	lc.)				
Length of Test	Tubing Press	Lie		Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
	<u> </u>						1				
GAS WELL Actual Prod. Test - MCF/D	Length of Te	at		Bbis. Condensate/MMCF			Gravity of Condensate				
	Tubing Prov	ure (Shut-in)		Casing Pressure (Shut-in)			Choke Size	<b>-</b>			
Testing Method (pilot, back pr.)											
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Data Approved			FEB 1 3 1990				
10. mali					Date Approved						
Signature					By ORIGINAL SIGNED BY JERRY SEXTON						
Signature         Regulatory Analyst           Primed Name         Title											
Pristed Name January 8, 1990	2	14-788-	3300	Title					··		
Date		Telepho	es 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.