Subtrait 5 Copies
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 1-1-8>
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Antonia, 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 BRIDGE OIL COMPA	ANY, L.P.					Well API No.			
Address 12377 Merit Driv	re, Suite 160	0, Dallas,	Texas 7	5251			·		
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator		in Transporter of: Dry Gas Condensate	····	et (Please exp	lain)				
If above of secretary size secre	rus Oil Comp		12377 Mo	rit Dr	Cuito	1600 -	11 m	750	
and address of previous operator Fee			ive 1/01		Surce	1600, да	IIas, 16	exas 752!	
Lesse Name Humphrey Queen U	Well No	Pool Name, Includ	ing Formation		1	of Lease Federal or Fe	1 1	esse No.	
Location Unit Letter	. 1450	Langlie M	Jorth Lin	2	neen .	eet From The	East	Line	
Section Townshi	25S	Range 37E		мрм,	<u> </u>	Lea			
III. DESIGNATION OF TRAN				MI IVI,				County	
Name of Authorized Transporter of Oil	or Conde		Address (Gir	e address to w	ich approved	t copy of this	form is to be s		
Shell Pipeline	12.0.30x 2648,74			ouston, TX 77252					
Name of Authorized Transporter of Casinghead Gas or Dry Gas or Dry Gas or Dry Gas			Address (Give address to which approved BOX 1492 El 149			copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit Sec	Twp. Rge.	is gas actuali	y connected?	When	"unk	now		
f this production is commingled with that	1 7 ' 1 2						10707		
IV. COMPLETION DATA	l Oil Wei	II Gas Weil	New Well	Workover	Deenen	Dive Deak	ls	big a	
Designate Type of Completion	- (X)	i	<u>i</u>	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. Ready i	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	Top Oil/Gas Pay			Tubing Depth				
Perforations						Depth Casing Shoe			
	TUBING	, CASING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & T	DEPTH SET			SACKS CEMENT				
	 							-	
. TEST DATA AND REQUES	T FOR ALLOW	ABLE							
OIL WELL (Test must be after re	ecovery of total volume						or full 24 hou	rs.)	
Date First New Oil Run To Tank	The New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)								
ength of Test	Tubing Pressure	Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbis.	Water - Bbla.			Gas- MCF				
GAS WELL					<u> </u>				
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of C	ondensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shu	Casing Pressure (Shut-in)			Choke Size				
I. 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 Date Approved						
Signature Dora McGough Regulatory Analyst				By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
Printed Name January 8, 1990 Date		Title 8-3300 phone No.	Title	<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.

RECEIVED

JAN 22 1990

OCD HOBBS OFFICE