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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 Rottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

1								AUTHOR TURAL G		ON				
Operator		10 102	11101		ni Oil	ANDI	1/	OUVE		Well	API No.			
BRIDGE OIL COMPANY, I	<u> P.</u>													
12377 Merit Drive, S	te. 160	00, Dal	las	,]	Texas	75251								
Reason(s) for Filing (Check proper box) New Well		Change is	Tone		w of:		Oth	x (Please exp	dain)					
Recompletion	Oil		Dry (•	. .									
Change in Operator	Casinghe		Cond							_				
If change of operator give name and address of previous operator	rus Oi	1 Compa	iny,	L.						te.	1600, D	allas,	<u>Texas 752</u> 5	
II. DESCRIPTION OF WELL	AND LE							e 1/01/				-		
Langlie Mattix Quee	n Uni		Pool La	Nem ng	se, Includi lie Ma	ng Formati Ittix	юв. 7 Г	Rivers (of Lease Federal or Fe		ease No.	
Location		() o	'				_		<u>) </u>			<u> </u>		
Unit Letter	<u>: </u>	90	_ Feet	Fron	The <u>J</u>	ou 4h	Line	bas	19C	Fe	et From The	<u> </u>	Line	
Section D Township	25-	\$	Rang	<u> </u>	37 - Е		, NI	ирм,	Lea				County	
III. DESIGNATION OF TRAN	SPORTE	TR OF O	TT. A	ND	NATTI	RAL GA	\S							
Name of Authorized Transporter of Oil		or Conde	Lante	Г	\neg	Address		e address to v	vhich app	or oved	copy of this f	form is so be s	eni)	
Not Uppicable Name of Authorized Transporter of Casing		later-	or Di	1	Figure		Giv	e address to s	uhich an		l copy of this f	form is to be a	ent)	
Tells of Australia Transporter of Caral				., c.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	.	Rge.	is gas act	زلعت	y connected?	1	When	.?			
f this production is commingled with that i	from any ot	her lease or	pool, p	give	commingl	ing order r	umi	per:	<u>_</u>					
IV. COMPLETION DATA		lou w			- 337 11	l .v) n . n . t	la va	bir n	
Designate Type of Completion	- (X)	Oil Well	! ! !	Ga	s Well	New W 	'ell	Workover	Dec	pen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	o Prod.	•		Total De	pth				P.B.T.D.	-		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations						Top Oil/Gas Pay					Tubing Dep	Tubing Depth		
											Depth Casing Shoe			
renormous											Depth Cash	ng zuoe		
	,	TUBING,	CAS	SIN	G AND	CEMEN	TI	NG RECO						
HOLE SIZE	CA	CASING & TUBING SIZE					DEPTH SET				;	SACKS CEMENT		
			•											
V. TEST DATA AND REQUES						<u>i.</u>								
OIL WELL (Sest must be after n Date First New Oil Run To Tank	Date of To		of loa	d oil	and must			exceed top a ethod (Flow,				for full 24 hos	<i>(FS.)</i>	
Dete First New Oil Ruis 10 Tank	Date of 1						.			7				
Length of Test	essure.	ire				Casing Pressure				Choke Size	Choke Size			
Actual Prod. During Test Oil - Bbls.						Water - Bbis.					Gas- MCF			
					 -									
GAS WELL Actual Prod. Test - MCF/D	T and a	Tost			<u> </u>	Bhe Co	nden	mte/MMCF	_		Gravity of	Condensate	· · · · · · · · · · · · · · · · · · ·	
Actual Prod. Test - MCF/D Length of Test						Bbis. Condensate/MMCF								
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)					Choke Size	Choke Size		
VI. OPERATOR CERTIFIC	ATE O	E COM	DT TA	NI		\r			<u> </u>		1		i	
I hereby certify that the rules and regul	ations of th	e Oil Couse	rvation	3	LL		(DIL CO	NSE	RV	ATION	_		
Division have been complied with and is true and complete to the best of my			vez abo	ove			_4 -	. A	ام ما		FEB	1319	90	
11 1. G							ate	Approv	ea _					
dara McJough							By ORIGINAL SIGNED BY JERRY SEKTON							
Signature Dora McGough	Regula	atory A			<u> </u>				I	DISTR	NCT I SUPE	RVISOR		
Printed Name January 8, 1990	214/78	38-3300	Title)	.		Ti	itle	•						
					. —	11								

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.