Subrait 5 Copies Appropriate District Office DISTRICT I	State of New Mexico Energy, Minerals and Natural Resources Department				Form C-104 Revised 1-1-59 See Instructions
P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088				at Bottom of Page
P.O. Drawer DD, Anesia, NM 88210 DISTRICT III	Sar	nta Fe, New Me	xico 87504-2088		
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
Operator				Well A	PI No.
BRIDGE OIL COMPANY, L. P.					
12377 Merit Drive, Ste. 1600, Dallas, Texas 75251 Reason(s) for Filing (Check proper box) Other (Please explain)					
New Well		Transporter of:			
Change in Operator	Oil Casinghead Gas	Dry Gas			
If change of operator give name	us Oil Compa	ny, L. P.,1	2377 Merit Drive	, Ste.	1600, Dallas, Texas 7525
II. DESCRIPTION OF WELL AND LEASE Effective 1/01/90					
Langlie Mattix Queer	₩ell No.	Pool Name, Includio Langlie Ma	ng Formation ttix 7 Rivers Qu		f Lease No.
Location	. 1650	~	Juth Line and 33	<u>רו</u>	t From The West Line
Section) Township	25-5	Range 37-E	, NMPM,	ea	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil	or Conden		Address (Give address to white P P Ref 2 (a)	chapproved 42 L	copy of this form is to be sent)
Name of Authorized Transporter of Casing	bead Gas	or Dry Gas		ch approved	copy of this form is to be sent)
El Paso Natural (<u>Cas Vomp</u> I Unit I Sec.	Twp. Rge	Is gas actually connected?	When	50, TX 19918
If well produces oil or liquids, give location of tanks.	GII	2551372	Ves		(Inknown
If this production is commingied with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Cas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v					
Designate Type of Completion -	- (X)	Gas Well	New Well Workover	Deepen	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth		P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	mation	Top Oil/Gas Pay		Tubing Depth
Perforations	8				Depth Casing Shoe
	TUBING,	CASING AND	CEMENTING RECORI	>	
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE	<u> </u>		
OIL WELL (Test must be after re Date First New Oil Run To Tank	ecovery of total volume Date of Test	of load oil and must	be equal to or exceed top allow Producing Method (Flow, pur	wable for this np, gas lift, e	depth or be for full 24 hours.) tc.)
					Choke Size
Length of Test	Tubing Pressure		Casing Pressure		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF
GAS WELL				<u>-</u>	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size
VL 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				SEIT V	FEB 1 3 1990
is true and complete to the best of my knowledge and belief.			Date Approved		
Vara McLaugh			ORIGINAL SIGNED BY JERRY SEXTON		
Signature Dora McGough Regulatory Analyst			ByDRIGINAL SIGNED BY JERRY SEXTON		
Printed Name	Printed Name Title				
January 8, 1990 214/788-3300 Date Telephone 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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

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