Subrait 5 Copies
Appropriate District Office
DISTRICT 1
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 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

	TO	TRANS	PORT OIL	TAN DNA	URAL GA	<u>S</u>	ut NI				
Operator Bridge Oil Company, L	. Р.					Well Af	1 No.				
Address 12404 Park Central Dr		ite 400	, Dallas,	TX 7525	51						
Reason(s) for Filing (Check proper box) New Well Recompletion	Oil C	hange in Tran Dry Gas X Con	sporter of:	Othe	tive 11/1						
change of operator give name	Casugnos	<u> </u>									
and address of previous operator											
I. DESCRIPTION OF WELL A Lear Name Langlie Mattix Queen		Mali No. 1 Moo	Name, Including nglie Mat	g Formation tix 7 R	ivers Que	een Kind of	Lease ederal on Fee) Le	ase No.		
Location Unit LetterE	: <u>198</u>	O Fee	From The No	RTH Line	TH Line and 330 Feet F			From The WEST Line			
Section /4 Township	25S Range 37E			, NMPM, Le			ea County				
III. DESIGNATION OF TRANS			AND NATUR	AL GAS		• • • • • • • •			-4)		
Name of Authorized Transporter of Oil Shell Pipeline	Shell Pipeline					Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648, Houston, TX 77252 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casingle Sid Richardson Carbo	n & Gas		Ory Gas	201 Mai	n St., S	uite 300	00, Ft.	Worth,	TX 76102		
If well produces oil or liquids, give location of tanks.		Sec. Tw 5 25	p. Rge. SS 37E	Is gas actuall Yes	res When		10/7/54				
If this production is commingled with that f	rom any othe	r lease or pool	, give commingli	ng order num	ber:			<u> </u>	<u> </u>		
IV. COMPLETION DATA	~	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion - Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Forms	tion	Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casing Shoe			
		UBING, CA	ASING AND	CEMENT	NG RECOR	D D					
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
V. TEST DATA AND REQUES OIL WELL (Test must be after r	T FOR A	LLOWAB	LE	he equal to a	r exceed top all	lowable for th	s depth or be	for full 24 ho	urs.)		
Date First New Oil Run To Tank Date of Test					t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
GAS WELL	<u> </u>										
Actual Prod. Test - MCF/D	Length of	Test		Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pre	essure (Shut-in)	Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu					OIL CO	NSERV	ATION	DIVISI	ON		
Division have been complied with and is true and complete to the best of my	that the info knowledge a	rmation given	above	Dat	e Approv	ed	NO	V 19	991		
Diene Ikri	ght							· — •	- 		
Signature Irene Wright Regulatory Analyst				By Paul Kauta Geologist							
Printed Name 11/8/91	214/	788-3300		Titl	e		<u> </u>	<u> </u>	- · · · · · · · · · · · · · · · · · · ·		
Date		Teleph	ione No.	- 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.