Subiliti 5 Copies Appropriate District Office <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240		Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088						See Instruct			
DISTRICT II P.O. Drawer DD, Astesia, NM \$8210											
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION											
<u>I.</u>						TURAL G	AS				
BRIDGE OIL COMPANY,	L. P.						Well	API No.			
Address 12377 Merit Drive, S	ite. 160	00, Dal'	las,	Texas				-			
Reason(s) for Filing (Check proper box) New Well		Change in '	Traaspo	nter of:		et (Piease expl	air)				
Recompletion	Oil Casinghe	_	Dry Ga Condea	_							
If change of operator give name and address of previous operator Pet	rus Oi	1 Compan	ny, l	. P.,	12377 Me	rit Driv	e, Ste.	1600,	Dallas, Texas	75251	
IL DESCRIPTION OF WELL	AND LE					re 1/01/9	0				
Langlie Mattix Quee	n Unit				ing Formation attix 7	Rivers Q		of Lesse Federal or F	ee Lease No.		
Location	1	980		G	outhlin	19	80 .		East		
	_ :		Feet Fro			s and	<u> </u>	eet From The	<u> </u>	Line	
Section Townshi	<u>p 25-</u>	<u>S</u>	Range	<u>37-E</u>	,N	MPM,	Lea		Coun	ty	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	OF OF OI				address to wi	hick anorow	d come of this	form is to be sent)		
Not Applicable-11	<u>rater</u>	Injec	tim								
Name of Authorized Transporter of Casia	ghead Gas		or Dry (Address (Giv	e address to wi	hick approve	d copy of this	form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgs.	is gas actuali	y connected?	When	2			
If this production is commingled with that	from any oth	her lease or p	ool, givi	comming	ling order sum	ber:	I				
IV. COMPLETION DATA		Oil Well	G	as Well	New Well	Workover	Deepea	Plug Back	Same Res'v Diff Re	:S'V	
Designate Type of Completion		pl. Ready to 1	<u> </u>		Total Depth	İ		1			
					•			P.B.T.D.			
Elevanons (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforacions								Depth Casing Shoe			
TUBING, CASING AND						CEMENTING RECORD					
HOLE SIZE	CA	SING & TUE	BING S	IZE	DEPTH SET			SACKS CEMENT			
		· · · · · · · · · · · · · · · · · · ·			<u> </u>	·······					
	+										
V. TEST DATA AND REQUES OIL WELL (Test must be after n				il and must	be equal to or	exceed top allo	wable for the	is depth or be	for full 24 hours)		
Date First New Oil Run To Tank	Date of Te					sthod (Flow, pu			· ······		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	Length of	Test			Bbls. Condea	mie/MMCF		Gravity of	Condensate		
Tening Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choks Size			
VL OPERATOR CERTIFIC. I hereby certify that the rules and regula Division have been complied with and	tions of the	Oil Conserva	tice	CE	C	DIL CON	ISERV		DIVISION	J	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved FEB 1 3 1990						
Don millough						ORIGINAL SUCAIEM BILL FRAILIN SEXTON					
Signature Dona McGough	Regula	torv An:	alvet	 t	By_		DISTRIC	TISUPER	VINCE	<u> </u>	
Dora McGough Regulatory Analyst Printed Name Title January 8, 1990 214/788-3300						Title					
Date		Telept	sons No	h.							
INSTRUCTIONS, This form											

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.