Subrait 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hoebs, 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

| O. Drawer DD, Artesia, NM 88210 | | Santa i | P.O. Bo Fe, New Me | | 4-2088 | | | | | |
|--|---|--------------------|-------------------------------------|---------------------------|---|--------------------|--------------------------|-------------------|------------|--|
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | | | | | | ATION | | | | |
| | | | ALLOWAB PORT OIL | | | | | | | |
| Operator | | O IMANS | POHTOIL | AND IVA | UNALGA | Well A | PI No. | | | |
| Bridge Oil Company, I | L. P. | | , . | | | | | | | |
| Address 12404 Park Central D | rive, Su | uite 400 | , Dallas, | | | | | | | |
| Reason(s) for Filing (Check proper box) | | | | Othe | t (Please explai | ın) | | | | |
| New Well | | Change in Tran | sporter of: | | | | | | | |
| Recompletion | Oil Caringhead | Gas 🔀 Con | | Effec | tive 11/1 | 1/91 | | | | |
| Change in Operator If change of operator give name | Camigneau | Cas (5) Cut | TOE USE | | | | | | | |
| and address of previous operator | | | | | | | | | | |
| II. DESCRIPTION OF WELL A | AND LEAS | SE | | | | | | | | |
| Leas- Name Langlie Mattix Queen | 1. | Well No. Poo | Name, Includir Inglie Mat | ng Formation tix 7 R | ivers Que | Kind o | (Lease Federal or Fee | | ase No. | |
| Location Unit Letter 9 | : 197 | 79Fee | t From The 🖊 | ORTH LIM | and <u>198</u> | 2Fe | et From The | EAST | Line | |
| Section 15 Township | 25 | | 37F | | мРМ, | _ | ea | | County | |
| TT | CDA Marie | OF OT | A RIES RI A 1919 19 | DAT CAS | | | | | | |
| III. DESIGNATION OF TRANS | | or Condensate | AND NATU | Address (Giv | e address to wh | ich approved | copy of this fo | orm is to be se | nt) | |
| Shell Pipeline | | | Day Gos . | P. O. E | 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 Casing Sid Richardson Carbo | n & Gas | oline Co | | 201 Mai | n St., S | uite 30 | 00, Ft. | Worth, | TX 76102 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. Tw 121 | n Rge. 5S 37 <i>E</i> | Is gas actuall Yes | - | When | LLNKA | SOWN | | |
| If this production is commingled with that i | | | | ing order num | ber: | | | | | |
| IV. COMPLETION DATA | | | | | | | | | | |
| Designate Type of Completion | - 00 | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Date Spudded Date Compil. Ready to Prod. | | | | Total Depth | | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | ons (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | Top Oil/Gas Pay | | | Tubing Depth | | | |
| Perforations | | | | | 1 | | | Depth Casing Shoe | | |
| | | | | | | | | | | |
| | CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | DEPTH SET | | | SACKS CEMENT | | | |
| | | | | | | | | | | |
| | | | | | | | | - | | |
| | | | | | | | | | | |
| V. TEST DATA AND REQUES | ST FOR A | LLOWAB | LE | | | | | | | |
| OIL WELL (Test must be after r | | | oad oil and must | | | | | for full 24 hou | rs.) | |
| Date First New Oil Run To Tank | Date of Tes | i | | Producing M | lethod (Flow, pr | ump, gas iyī, | eic.) | | | |
| Length of Test | Tubing Pressure | | | Casing Pressure | | | Choke Size | | | |
| Lengur or rea | Tubing Freesance | | | | | | | | | |
| Actual Prod. During Test | Oil - Bbls. | | | Water - Bbis. | | | Gas- MCF | | | |
| | <u> </u> | | | <u> </u> | | | | | | |
| GAS WELL | | | | 15 | | | | <u></u> | | |
| Actual Prod. Test - MCF/D | Length of Test | | | Bbls. Condensate/MMCF | | | Gravity of Condensate | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | Casing Pressure (Shut-in) | | | Choke Size | | | |
| VI. OPERATOR CERTIFIC | ATE OF | COMPL | IANCE | | 011 00: | UOED! | ATION: | DUACIA | | |
| I hereby certify that the rules and regu | | | | | OIL COI | VSEHV | | | | |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | | | Dot | e Approve | ad | A I p | M TA | 199 | |
| | | | | | e whhine | ـــــــ لار | Signed b | | | |
| Diene Stright | | | | ∥ By_ | | Par | ıl Kautza | _ | | |
| Signature 0 Irene Wright 1 | , Regulato | ory Anal | yst | "" | | G | cologist, | | | |
| Printed Name 11/8/91 | 2111 | T | itle | Title | 9 | · - | | | | |

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.

214/788-3300