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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

• •	TO	O TRAI	NSP	ORT OIL	AND NAT	URAL GA		DINI			
Operator Bridge Oil Company, L. P.						Well API No. 30-025-11688					
Address 12404 Park Central Dr	rive, Su	ite 4	00,	Dallas,	TX 7525	51					
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator		hange in	Transpo Dry Ga	oxter of:	Othe	(Please expla	·				
f change of operator give name		<u></u>									
and address of previous operator	ND I EA	CIE						1			
I. DESCRIPTION OF WELL A Leas Name Langlie Mattix Queen	- 1	Well No.	Pool N Lang	lame, Including lie Mat	g Formation tix 7 R	ivers Qu	een Kind 6	of Lease Federal or Fed	Le	ase No.	
Location Unit Letter	:_ 165	o	Feet F	rom The	ORTH Line	and	50 Fe	et From The	EAST	Line	
Section 22 Township	25	S	Range	37E	, NI	ирм,	L	ea 		County	
III. DESIGNATION OF TRANS				D NATUE	RAL GAS				 		
Shell Pipeline	Name of Authorized Transporter of Oil Shell Pipeline Or Condensate					Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648, Houston, TX 77252					
Name of Authorized Transporter of Casing Sid Richardson Carbo	head Gas n & Gas	XX oline	or Dry Co.		Address (Give address to which approved a 201 Main St., Suite 300			00, Ft.	Worth,	TX 76102	
If well produces oil or liquids, give location of tanks.	Unit	Sec. 15	Тwp. 25S		Is gas actually connected? When? Yes			10/2	10/29/71		
If this production is commingled with that f IV. COMPLETION DATA	rom any othe	r lease or	pool, gi	ive commingli	ng order num	ber:					
Designate Type of Completion	- (20)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	i. Ready to	Prod.		Total Depth	<u>!</u>	٠	P.B.T.D.	J		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Dep	Tubing Depth			
Perforations				Depth C			Depth Casi	Casing Shoe			
	· · · · · · · · · · · · · · · · · · ·	TIRING	CAS	ING AND	CEMENT	NG RECO	RD				
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT				
											
V. TEST DATA AND REQUES	ST FOR A	LLOW	ABLI	E					5 - 6 H 24 h -		
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Te		of load	d oil and must	Producing N	r exceed top at lethod (Flow, p	llowable for ti pump, gas lift,	eic.)	i jor juli 24 noi	<i>25.)</i>	
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
					Water - Bbis.			Gas- MCF	Gas- MCF		
Actual Prod. During Test	Oil - Bbls.									-	
GAS WELL Actual Prod. Test - MCF/D	11	Tagt			Rhie Cond	nsate/MMCF		Gravity of	Condensate		
Actual Prod. 1est - MCP/D		Length of Test									
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Siz	Choke Size		
VI. OPERATOR CERTIFIC I hereby certify that the rules and regularisis in have been complied with and is true and complete to the best of my	lations of the	Oil Cons	ervation	3		OIL CO		**	I DIVISI		
Diese Strickt					Date Approved						
Signature Trene Wright Regulatory Analyst Printed Name Title					By caul Kautz						
Printed Name 11/8/91	214/	788-3			Titl	e					
					. 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.

RECEIVED

NOV 15 1991

HUBBS OFFICE

Subrait 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>. </u>	TO TRANSPORT O	IL AND NATURAL GAS			
Operator BRIDGE OIL COMPANY,	1. P.	W	30-025-11688		
Address					
12377 Merit Drive, Resson(s) for Filing (Check proper box)	Ste. 1600, Dallas, Texas	Other (Please explain)			
New Well	Change in Transporter of:				
Recompletion	Oil Dry Gas				
Change in Operator	Casinghead Gas Condensate				
change of operator give name address of previous operator	trus Oil Company, L. P.,		e. 1600, Dallas, Texas 752		
I. DESCRIPTION OF WELL	L AND LEASE	Effective 1/01/90			
Lesse Name Langlie Mattix Que	Well No. Pool Name, inclu	ding Formation K Mattix 7 Rivers Queen	ind of Lease No. Lease No.		
Unit Letter	: 1650 Feet From The	Jorth Line and 1650	Feet From The East Line		
Section 22 Towns	hip 25-S Range 37-E	, NMPM, Lea	County		
II. DESIGNATION OF TRA	NSPORTER OF OIL AND NATU	URAL GAS			
Shell Pipeline	or Condensate	Address (Give address to which appr Box 2648, Hen	oved copy of this form is to be sent) Ton, It. 1725-2		
Name of Authorized Transporter of Casi El POSO Nútura		Address (Give address to which appr	oned copy of this form is to be sent)		
If well produces oil or liquids, ive location of tanks.	Unit Sec. Twp. Rec	 	/hea? 10/29/71		
	at from any other lease or pool, give comming	gling order number:	1 12 11		
V. COMPLETION DATA	lou w.n. I c. w.n	L N. W. H L W. L L D	- I man had been a		
Designate Type of Completion	Oil Well	New Well Workover Deep	en Plug Back Same Res'v Diff Res'v		
Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.		
TOTAL DE CO	No. of Production Production	Top Oil/Gas Pay			
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Ob Cas 1 ay	Tubing Depth		
erforations			Depth Casing Shoe		
	TUBING, CASING AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
. TEST DATA AND REQUE		n ka amal sa an masad san nilawahia fan	- this death on he for full 24 hours)		
IL WELL (Test must be after tate First New Oil Run To Tank	recovery of total volume of load oil and must	Producing Method (Flow, pump, gas			
	Date 61 102	,,,	•		
ength of Test	Tubing Pressure	Casing Pressure	Choke Size		
ctual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF		
GAS WELL					
Actual Prod. Test - MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
/I. OPERATOR CERTIFIC	CATE OF COMPLIANCE	011 0011055	NATION DU (IOION)		
I hereby certify that the rules and regu		OIL CONSER	RVATION DIVISION		
Division have been complied with an is true and complete to the best of my		Date Assessed	FEB 1 3 1990		
	1	Date Approved	. 20 10 1930		
Nova Mile	ugh	By ORIGI	NAL SIGNED BY JERRY SEXTON		
Signature Dora McGough	Regulatory Analyst		DISTRICT I SUPERVISOR		
Printed Name	Title	Title			
January 8, 1990	214/788-3300				

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.