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

State of New Mexico Energy, Minerals and Natural Resources Department

orm C-104 eviced 1-1-89 in instruction

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

í.		TO TRA	NSP	OH I OIL	ANU NA	TUHAL GA		A WE AV.			
Operator BRIDGE OIL COMPANY, 1	Þ						Well	API No.			
Address							1				
12377 Merit Drive, S	te. 160	00, Dal	llas,	Texas	75251	et (Please expl	-i-1				
Reason(s) for Filing (Check proper box) New Well		Change is	Тпавер	orter of:		a (Fieuse expir	24 4,				
Recompletion	Oii		Dry G	•• 📮							
Change in Operator	Casinghes		Conde					1600 0		7505	
if change of operator give name and address of previous operator	rus Oil	Compa	any,					1600, D	allas, I	exas 7525	
II. DESCRIPTION OF WELL	AND LE	· -	,			e 1/01/9			· · · · · · ·		
Langlie Mattix Quee	n Unit	Well No.	Pool N Lar	iame, Includi 1911e Ma	ng Formation attix 7	Rivers Q		of Lesse Federal or Fe		zase No.	
Location Unit Letter	<u>. le</u>	60	_ Feet F	rom The N	orth Lin	e and	60 F	set From The	West	Line	
Section Q3 Township			Range	37-E	, NI	мрм,	Lea			County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS				· · · · · · · · · · · · · · · · · · ·		
Name of Authorized Transporter of Oil	H~+	or Coade	` .	- Luo	1	e address so wi	hich approved	l copy of this)	form is to be se	nt)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actuali	Is gas actually connected? When ?					
give location of tanks. If this production is commingled with that	from any ot)	ner lease or	pool ei	ive comming	ing order num	ber:					
V. COMPLETION DATA	nom any on		pout, gr								
Designate Type of Completion	- (20)	Oil Wel	1	Gas Weli	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
		ITIBING	. CASI	NG AND	CEMENTI	NG RECOR	D	1			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
								 			
			ADLE					<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR A	ALLUW atal valumu	ABLE of load	! oil and must	be equal to or	exceed top all	owable for th	is depth or be	for full 24 hose	rs.)	
Date First New Oil Run To Tank	Date of Te		0, 11.			ethod (Flow, pr					
Length of Test	Tubing Pr	Tubing Pressure				nie	<u> </u>	Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis	<u> </u>		Gas- MCF			
GAS WELL	11 at -4	*			Dhia Conder	nsate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bois. Conde	MANUAL CO		City of Colonia			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
VI. OPERATOR CERTIFIC	ATE O	F COM	PLIA	NCE		OIL CON	ICEDY	ATION	DIVISIO		
I hereby certify that the rules and regul	ations of the	Oil Conse	ervatios		1	OIL COI	NOEUA				
Division have been complied with and is true and complete to the best of my	unat ane marc knowledge :	ormation gr and belief.	AGM MOO.	ve	Date	e Approve	ad	r	EB 13	1330	
Mall	1 /	•				- Whinac	, u				
Dara McLaugh					By_	By ORIGINAL SIGNED BY JERRY SEXTON					
Signature Dora McGough Regulatory Analyst					DISTRICT I SUPERVISOR						
Printed Name January 8, 1990	214/78	38-3300	Title		Title)					
Date			lephone	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.
- 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

JAN 22 1990

OC: HOBBS OFFICE