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

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, Arteeia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

1.	Į.		ハイグレ	OHIOIL	- AND INA	I UNAL G	MO				
Operator BRIDGE OIL COMPAN	DGE OIL COMPANY, L.P.										
Address 12377 Merit Drive	e, Suite	1600	, Da	allas, T	exas 7	5251					
Reason(s) for Filing (Check proper box)					Oti	es (Piease expl	lain)				
New Well		Change in	Trans	conter of:	ب	(1					
Recompletion	Oil		Dry C								
Change in Operator	Casinghead	Gas 🗍	Cond								
St. A			ny,	L.P., 1	2377 Me:	rit Dr.,	Suite 1	600, Da	llas, Te		
II. DESCRIPTION OF WELL	AND LEA	SE			ve 1/01	/90					
Humphrey Queen Unit Well No. Pool Name, Included 1 Langlie Ma									of Lease No. Federal or Fee		
Location	19	80		۲,	uth	e and 199	χD		West		
Unit Letter		25s	. Feet I	From The 30	Lin	e and	<u>0                                    </u>	et From The		Line	
Section Township	<u> </u>		Range	3/E	, N	мрм,		Lea		County	
III. DESIGNATION OF TRAN		or Conden		ND NATU		e address to w	hich anneaue	Come of this	form is to he se	ent)	
Stell Pipeline &					+			uston, Tx 77252			
Name of Anthorized Transporter of Casinghead Gas					Address (Give address to which approve			d copy of this form is to be sent)			
If well produces oil or liquids,		Seg,	Twp	Rge		y consected?	When	<del>-~ /  \/ -</del>	<u> </u>	0	
give location of tanks.	FYK	3	•	S 37-F		éS		un	FUOM	<u>~</u>	
If this production is commingled with that f IV. COMPLETION DATA	rom any othe	r lease or	pool, g	ive commingl	ing order nam	ber:	<del> </del>				
	an.	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - Date Spudded	Date Compi	. Ready to	Prod.		Total Depth	<u> </u>	1	P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations						taniana		Depth Casing Shoe			
									<b>-5</b>		
	TI	UBING,	CAS	ING AND	CEMENTI	NG RECOR	D D	<b></b>			
HOLE SIZE CASING & TUBING SIZE						DEPTH SET			SACKS CEMENT		
								-			
V. TEST DATA AND REQUES									6 6-11 24 have	1	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		of load	ou and must		ethod (Flow, pu			jor juli 24 note	3.)	
Length of Test	Tubing Pressure				Casing Press	ure		Choke Size			
								C MCT			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF	OB- MCr		
GAS WELL											
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	Choke Size		
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIA	NCE		N 001	ICEDY	ATION	רון ייני		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					FEB 1 3 1990						
is the sim comprese to the test of the spowerings and select.					Date Approved						
Den McLaugh					ORIGINAL SIGNED BY JERRY SEXTON  ByDISTRICT I SUPERVISOR						
Signature Dora McGough Regulatory Analyst					By	By DISTRICT I SUPERVISOR					
Printed Name January 8, 1990	2	14-78	Title 8-33	00	Title					· x	
Deta	<del>-</del>	Tele	phone i	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.