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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

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, Astenia, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	101	- IAIN	or Orth OIL	AITO ITA	O. D.C.	-	Well A	PI No.				
BRIDGE OIL COMPANY, L	30-025-22155											
Address			·									
12377 Merit Drive, St	te. 1600, D	<u>alla</u>	s, Texas		(D)							
Reason(s) for Filing (Check proper box) New Well	Chang	e is Tos	neporter of:		t (Please exp	iaur)						
Recompletion	Oil	_	y Gas									
Change in Operator	Casinghead Gas	_ `	ndensete 🗌						_			
If change of operator give name not address of previous operator Petr	rus Oil Com	npany	, L. P.,1	2377 Mei	it Driv	e,	Ste.	1600, D	allas, I	exas 7525		
				ffectiv								
IL DESCRIPTION OF WELL		Na. Por	ol Name, Includir				Kind o	f Lease	<u> </u>	ase No.		
Langlie Mattix Queen		3 L	anglie Ma	ttix 7	Rivers C)uee						
Location	11 -			1	2-) ~			4) (1 <i>i</i>	,		
Unit Letter	<u>: 1450</u>	Fee	st From The	15t Lin	and a?	<u> </u>	Fe	et From The.	Nory	Line		
Section 22 Township	25 - S	D.	nge 37-E	N	ирм,	Lea				County		
Section 20 Township	25-5		<u> </u>	,,,,,	111 174,	LEC	·			County		
III. DESIGNATION OF TRANS	SPORTER OF	OIL	AND NATU			_						
Name of Authorized Transporter of Oil	☐X or Co	nden sate		P.D. B.	_	4	·	7	orm is to be se	M) つ ムつ		
Shell Pipeline Name of Authorized Transporter of Casing	head Gas	OF I	Dry Gas					STON,	orm is to be se	0 J C		
Fl Paso Natura			ani	Box	492.	EI	Par	50, TV	790	178		
If well produces oil or liquids,	Unit Sec.	- 17	P. Rge	ls gas actuall	connected?		When	71,06	in Dwr			
give location of tanks.) [0	<u>2151Cc</u>	1			<u> </u>	WITE	NOW	1		
If this production is commingled with that f [V. COMPLETION DATA]	rom any other lease	or pool	, give commingli	ag order aumi	er							
. Cold DETON DATA	Oil V	Well	Gas Well	New Well	Workover	ם	оереа	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion -			<u> </u>			Ĺ_				1		
Date Spudded	Date Compl. Read	ly to Pro	d.	Total Depth				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producin	tion	Top Oil/Gas Pay				Tubing Depth					
Elevations (D1 ; Idas), A1; On; day	·	-										
Perforations								Depth Casin	g Shoe			
			ania Alm	CE) CE) PER	IC PECO	-						
HOLE SIZE			CEMENTING RECORD DEPTH SET					SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE				DET TIT GE							
V. TEST DATA AND REQUES	T FOR ALLO	WABI	LE					<u> </u>				
OIL WELL (Test must be after re				be equal so or	exceed top al	iowabi	e for this	depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Test			Producing Me	shod (Flow, p	четир, д	gas lift, e	tc.)				
1 4 (7-)				Casing Pressure				Choke Size	Choke Size			
Length of Test	Tubing Pressure		Casing Fleathie									
Actual Prod. During Test Oil - Bbls.				Water - Bbis.				Gas- MCF				
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conden	sate/MMCF			Gravity of Condensate					
ing Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)				Choke Size					
realing research (pane), each pro-y		,										
VI. OPERATOR CERTIFIC	ATE OF CO	MPLI	ANCE		211 001			A TION				
I hereby certify that the rules and regula	ntions of the Oil Co	eservatio	D6	(JIL CO	NSI			DIVISIO			
Division have been complied with and to is true and complete to the best of my h		-	bove	║				LFR T	3 1990			
7				Date	Approv	ed .				***		
Non McLa	rugh					•	DRIGIN	IAL SIGNS	D DY JERR'	Y SEXTON		
Signature	Da . 1 - +	۸	lvet	∥ By_		•			SUPERVIS			
<u>Dora McGough</u> Printed Name	Regulatory	<u>Ana</u> Tu		Title		m. 5	1 \$* ^ +					
January 8, 1990	214/788-33			''''								
Date		Telepho	es 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.

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								PI No.					
PETRUS OIL COMPANY, L.P.								30-025-22153					
Address													
12377 Merit Drive,	STE.	1600, 1	Dalla	s, Tex	as 75251								
Reason(s) for Filing (Check proper box)						t (Please expla	iin)						
New Well		Change in	Transpor	nter of:									
Recompletion	Oil	\sqcup	Dry Gas	, <u> </u>									
Change in Operator	Casinghea	ad Gas	Conden	sale 🗌									
f change of operator give name	il Dro	duoina	Тома	o f No	rr Morrice	Inc. (E	ffootiv	o doto	7 1 90)				
and address of previous operator <u>Mob</u>	/AI IIC	ducing	1exa	is a ne	w Mexico	THE. (E	rrectiv	e date	/-1 - 09)				
II. DESCRIPTION OF WELL	AND LE	ASE											
Lease Name		Well No.	Pool Na	me, Includi	ng Formation			of Lease	ase No.				
Langlie Mattix Queen U	nit 33 Langlie Matt				ttiv 7 R	ivers Ou	State,	Federal or Fe					
Location					CCIN / N	zvero qu	CCII						
Unit LetterG	:16	50	Feet Fro	on The	East Lin	and231	LO F.	et From The	North	Line			
,										Lane			
Section 22 Township	25-S		Range	37-I	. NI	ирм,		L€	ea	County			
III. DESIGNATION OF TRANS	SPORTE	ER OF O	IL ANI	D NATU									
Name of Authorized Transporter of Oil	X	or Conden	sate		Address (Giv	e address to wh	iich approved	copy of this f	form is to be se	nt)			
Mobil Oil Company					P. O. Box 900 Dallag TX 75221								
Name of Authorized Transporter of Casing	head Gas	X	or Dry	Gas 🗔	Address (Giv	e address to wh	ich approved	copy of this f	form is to be se	nt)			
El Paso Natural Gas Com	pany				Box 149	92. El Pa	so, TX	79978					
If well produces oil or liquids,	Unit Sec. Tw			-	Is gas actuali	y connected?		When ?					
give location of tanks.	G	<u> </u>	25-S		Ye:		<u>l</u> Ur	known	<u></u> _				
If this production is commingled with that f	rom any oti	her lease or p	pool, giv	e commingl	ing order num	er:							
IV. COMPLETION DATA													
Designate Type of Completion -	⟨ x ⟩	Oil Well	0	ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v			
		<u> </u>	L_				l		1	<u> </u>			
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.					
					T O'LC								
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	ray		Tubing Dep	Tubing Depth				
Perforations													
remorations								Depth Casir	ng Shoe				
													
	1				CEMENTI	NG RECOR	D						
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT				
		<u>· · · </u>					-··-						
								ļ					
		 					··-·		<u>.</u>				
V TECT DATA AND DECLIES	TEOD	ALLOW	ADIE		L			<u> </u>					
V. TEST DATA AND REQUES OIL WELL (Test must be after re													
OIL WELL (Test must be after re Date First New Oil Run To Tank			oj toda o	u ana musi	,	ethod (Flow, pu			for Juli 24 hou	rs.)			
Date First New Oil Run 10 Tank	Date of To	est			Producing M	eurou (<i>F 10W, pu</i>	omp, gas iyi, e	uc.)					
Least of Too	The state of the s				Casing Press			Choke Size	Choke Size				
Length of Test	Tubing Pressure Oil - Bbls.				Casing Fless			CHOKE SIZE	Gas- MCF				
Actual Prod. During Test					Water - Bbis.			Gas- MCF					
Actual Floir During Test	•			Water - Dois			11.01						
	<u> </u>				!			1					
GAS WELL													
Actual Prod. Test - MCF/D	Length of	ngth of Test				sate/MMCF		Gravity of Condensate					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	ire (Shut-in)		Choke Size					
										_			
VI. OPERATOR CERTIFIC	ATE O	F COMP	LIAN	ICE									
I hereby certify that the rules and regula	ations of the	e Oil Conser	vation			DIL CON	ISERV.	ATION	DIVISIO	N			
Division have been complied with and that the information given above						JUL 1 0 1989							
is true and complete to the best of my knowledge and belief.					Date	Approve	d	OUL	T A 120	J			
11)	,	/			Dais	· · · hhi o ve	J						
Nova Mr Laugh						ORIC	SINAL SIG	Men ev	RRY SEXTO				
Signature					∥ By_		DISTOIC	T I SUPER	WAY SEXTO)N			
Dora McGough Regulatory Coordinator					1			· · · JUPER	VISOR				
	2	1/./700	Title		Title								
June 30,1989 Date	2	14/788- Tele	- <u>33/8</u> phone N	(n.									
		1 616	Priorie I	~. 	11								

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RECEIVED

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JUL 3 1989 OCD HOBBS OFFICE