Substait 5 Copies Appropriate District Office Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Astosia, NM \$8210

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.						AUTHOR					
Operator BRIDGE OIL COMPA	BRIDGE OIL COMPANY, L.P.								30-025-23183		
Address 12377 Merit Driv	e, Suit	e 1600	, Da	allas,	Texas	75251	<u> </u>			<u> </u>	
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name Dot	Oil Casinghea		Dry C	ies 🗌		ther (Please exp					
and address of previous operator Pet	rus Oil	Compa				erit Dr.,	Suite 1	1600, De	allas, Te	exas 752	
IL DESCRIPTION OF WELL Lease Name Humphrey Queen U		Well No.	Pool I	Vame, lack	ive 1/01 Mattix 7			of Lease Federal of F		ease No.	
Unit Letter	: 5			rom The	west 1	ne and 10	·	set From The	Sou	th Line	
Section 3 Townshi	P	25S	Range	37E		VMPM,		Lea		County	
III. DESIGNATION OF TRAN				D NAT							
Name of Authorized Transporter of Oil Not Applicable - Water Injection wel						Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casin	ransporter of Casinghead Gas or Dry Gas						hich approved	copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. 25-	- R ₂ - Sl 37	-	lly connected?	When	When ?			
If this production is commingled with that IV. COMPLETION DATA	from any other	r lease or ;	cool, gi	ve commin	gling order nur	nber:					
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi	l. Ready to	Prod.		Total Depth			P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay Tubing Depth					
Perforations						Depth Casing Shoe					
HOI ERIZE	TUBING, CASING AN HOLE-SIZE CASING & TUBING SIZE					ING RECOR		<u> </u>	SACKS CEMENT		
TIOLE GIZE	HOLEGIZE CASING & TUBING S			3125	DEFINSE			SAUNS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE								
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
	Date of Tex	·						·			
Length of Test	Tubing Pressure			Casing Press	Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.				Water - Bbis	Water - Bbis.			Gas- MCF		
GAS WELL								4			
Actual Prod. Test - MCF/D	Length of Test				Bbis. Conde	nsate/MMCF		Gravity of (Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVATIONED VISION Date Approved ORIGINAL SIGNED BY JERRY SEXTON						
Printed Name Printed Name Regulatory Analyst Title					By_ Title		Dis	TRICTISE	JPERVISOR	<u>EXTON</u>	
January 8, 1990	2	14-788 Telep	0-330 bose N								

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.