Subrait 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbe, NM 88240

DISTRICT II P.O. Drawer DD, Astonia, NM \$8210
DISTRICT III 1000 Rio Brazos Rd., Azzac, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Department

## **OIL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe, New Mexico 87504-2088

## REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. Operator		TOTRA	NSPORT O	L AND NA	TURAL G		A 10 M -			
	BRIDGE OIL COMPANY, L.P.					well	Well APING. 30-025-23395			
Address 12377 Merit Driv	re, Suit	æ 1600	, Dallas,	Texas 7	5251					
Reason(s) for Filing (Check proper box)   New Well   Recompletion   Change in Operator	Oil Casinghea		Transporter of: Dry Gas	Od	vet (Please copi	ain)				
If change of operator give name and address of previous operatorPet	rus Oil	. Compa	ny, L.P.,	12377 Me:	rit Dr.,	Suite '	600, De	allas, Te	exas 7525	
IL DESCRIPTION OF WELL	AND LE			ive 1/01	/90					
Lesse Name Humphrey Queen U	nit	Well No.	Pool Name, Iachu Langlie M	•	Rivers 0		of Lease Federal or Fe		ease No.	
Location	15	10		· · ·		Gn		Coc	4	
Unit Letter H	$\frac{H}{100} = \frac{1510}{258} \text{ Feet From The } \frac{N014}{100} \text{ Line and } \frac{990}{990} \text{ Feet From The } \frac{238}{100} \text{ A started } \frac{378}{100} \text{ Les}$							<u>Line</u>		
Section Townshi	<u>12</u>		Kange		MPM,	<u> </u>			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	ISPORTE	R OF OI			e address to wi	ich approved	corry of this	form is to be se	ent)	
Not Applicable - 1 Name of Authorized Transporter of Casing			ction Wel							
			or Dry Gas	Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquide, give location of tanks.	Unit	Sec.	Twp.   Rge. 25-SI 37-I	•						
If this production is commingled with that IV. COMPLETION DATA	from any othe	er lease or p	ool, give comming	ling order num	ber:					
Designate Type of Completion	- 00	Oil Well	Gas Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing For	mation	Top Oil/Gas Pay			Tubing Depth			
erforsticas							Depth Casing Shoe			
HOLE SIZE		UBING, C		CEMENTING RECORD DEPTH SET			SACKS CEMENT			
	<u> </u>									
V. TEST DATA AND REQUES				I				•		
DIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		load oil and must	The second se	exceed top allo thod (Flow, pu			for full 24 hour	3.)	
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test				Water - Bbis			Gas- MCF			
	Oil - Bbis.			Water - Boik						
GAS WELL Actual Prod. Test - MCF/D	Length of T	eet		Bhle Conden			Convinue 60			
	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pilot, back pr.)	Tubing Pres	aure (Shut-in	a)	Casing Pressure (Shut-in)			Choke Size			
I. 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			OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.				Date Approved FEB 1 3 1990						
Alora Mc Lough				By						
Signature Dora McGough Regulatory Analyst				v		DIS	RICT I SU	PERVISOR		
Printed Name January 8, 1990	2	14-788		Title_	•.				<del></del>	
Date		Teleph	ions 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.

OCD HOBBS OFFICE

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JAN 22 1990

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