Submit 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., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

A.						Well A	API No.		
BRIDGE OIL COMPANY, L.P.							30-025-23899		
Address 12377 Merit Driv	e, Suite	1600,	Dallas, T	exas 75	5251			•	
Reason(s) for Filing (Check proper box)				Oth	A (Piease expla	in)			
New Well	a		aasporter of:						
Recompletion	Oil	_	ry Gas 🔲						
Change in Operator	Casinghead G		ondenante						
and and the store observed						Suite 1	600, Dallas	, Texas 7525	
B. DESCRIPTION OF WEED AND LEASE					ve 1/01/90 Reformation Kind			Lease No.	
Lease Name Humphrey Queen U	م ا م		ooi Name, lactudii Langlie Ma	—			le, Federal or Fee		
Location	71151	<u> </u>	ک	nst	130	26 -	<	with	
Unit Letter	_ : <u>03.9-7</u> 0 . 25		ect From The () 37E	<u>M.37</u> Lin	and	Fe Fe	et From The Lea	Line	
Section 3 Townsh	ip Z	05 R	ange 3/E	, N	мРМ,		<u>пеа</u>	County	
III. DESIGNATION OF TRAP		OF OIL		RAL GAS		· · · · · · · · · · · · · · · · · · ·		to be cont)	
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent) P.O.BOX 2048, HOUS FON, TX 77252				17252				
Name of Authorized Transporter of Casinghead Gas					Address (Give address to which approved			to be sent)	
El Paso Natural Gas Co			pany				350, 1x 19918		
If well produces oil or liquids, give location of tanks.	Unit Se Fr K	7:	wp. 'Rge. 25s 37F	is gas actuali	y connected? 2	When	Inknow	7	
If this production is commingled with that			<u> </u>	ing order num	ber:				
IV. COMPLETION DATA Designate Type of Completion		Oil Well	Gas Weil	New Well	Workover	Deepen	Plug Back Same	Res'v Diff Res'v	
Date Spudded	Date Compl.	Ready to Pr	rod.	Total Depth	<u> </u>		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe		
renderens									
	TU	BING, C	ASING AND	CEMENTI		D	-		
HOLE SIZE	CASIN	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT	
		 							
V. TEST DATA AND REQUE	ST FOR AL	LOWAE	BLE				<u> </u>		
OIL WELL (Test must be after	recovery of total	volume of	load oil and must	be equal to or	exceed top allo	wable for thi	s depth or be for ful	l 24 hours.)	
Date First New Oil Run To Tank	Date of Test		-	Producing M	ethod (Flow, pu	mp, gas lift, e	etc.)		
Length of Test	of Test Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Prod. During Test Oil - Bbls.			Water - Bbls.			Gas- MCF		
Actual Front During Test	. During 1est Oil - Bois.								
GAS WELL				1861- 6-4-	0.0 /CE		Gravity of Conder		
Actual Prod. Test - MCF/D	Length of lea	Length of Test			Bbis. Condensate/MMCF			Cravity of Condition	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	CATE OF C	COMPL	IANCE		OII	ICEDY (ATION DO	(ISION!	
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.				Date Approved FEB 1 3 1990					
Now mcs	, a1				* *				
Signature Dora McGough Regulatory Analyst				∥ By_		DI	L SIGNED BY JI STRICT I SUPER	IRRY SEXTON VISOR	
Printed Name January 8, 1990			litle	Title					
Dete		Telept	home 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.