Subruit 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

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., Aziec, NM 87410 OUTCOT FOR ALL OWARD F AND AUTHORIZATIO

	REQ					AUTHORIZ	•				
Operator		TOTHA	INSF	OHI OII	L AND NA	TURAL GA		API No.			
Bridge Oil Company, L. P.							30-025-26085				
Address 12404 Park Central E	rive,	Suite	100,	-Dallas							
Reason(s) for Filing (Check proper box)			_	i_	U Oth	net (Please expla	iin)				
New Well	0.1	Change in		. —							
Recompletion \square	Oil Caringha	ad Gas 🔯	•	ias · L	Effec	tive 11/	1/91				
Change in Operator	Casingne	20 G25 [A]	COBO		· · · · · ·						
If change of operator give name											
II. DESCRIPTION OF WELL	AND LE	,	In	NT- T-1-1			17: 1	<u> </u>	-		
Lease Name FEDERAL "X"	FEDERAL "X" 3 Langlie M					Rivers Qu	een State(nd of Lease Lease Lease NM //7/		ease No. 1768	
Unit Letter	_:	80	Feet I	From The	OUTH Lin	e and33	30F	et From The _	WEST	Line	
Section /5 Township 25S Range 37E					, N	мрм,	L	Lea		County	
III. DESIGNATION OF TRAN	SPORTI			ND NATU							
Name of Authorized Transporter of Oil Shell Pipeline	XX	or Conder	iszte		P ()	we address to who Box 2648,	uch approved Housto	n . TX 77	rm is to be si 252	ent)	
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas											
Sid Richardson Carbo	Sid Richardson Carbon & Gasoline Co.					 			000, Ft. Worth, TX 76102		
If well produces oil or liquids, give location of tanks.	Unit			Is gas actually connected? Yes		When	When? 12/13/78				
If this production is commingled with that	from any of	ther lease or	pool, g	ive comming	ding order num	iber:		· · · · · · · · · · · · · · · · · · ·			
IV. COMPLETION DATA Designate Type of Completion	<u> </u>	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
		Pandy to			Total Depth	<u> </u>	L	<u> </u>			
Date Spudded	Date Compi. Ready to Prod.				•			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
TUBING, CASING ANI					CEMENTING RECORD						
HOLE SIZE	C/	CASING & TUBING SIZE				DEPTH SET			ACKS CEM	ENT	
		·····						 			
V. TEST DATA AND REQUES	T FOD	ALLOW	ARII	<u> </u>							
					t he equal to o	r exceed top allo	oumble for th	is death on he f	or full 24 hou)	
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						Producing Method (Flow, pump, gas lift, etc.)					
Luck of Tex						Casing Pressure Choke Size					
Length of Test	Tubing Pressure										
Actual Prod. During Test	Oil - Bbls.				Water - Bbis	Water - Bbls.			Gas- MCF		
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size		
VI OPERATOR CERTIFIC	A TOTAL CO	F CO: C		NCE	4						
VI. OPERATOR CERTIFIC				NCE		OIL CON	JSERV	ATION I	DIVISIO	NC	
I hereby certify that the rules and regul Division have been complied with and	auons of the	e Oil Conse	rvation en abo	ve]]				2141010	J14	
is true and complete to the best of my	knowledge	and belief.	-:: aD	••		- A	_1	1:	•	1	
					Date Approved						
Dene Wright						Faul Kautz					
Signature					By Geclogist						
	<u>egurat</u>	ory An	alys Tille	· L							
Printed Name 11/8/91	214/	788-33			Title)				-	
Date			ephone	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.