Subrait 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, Astesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>I</u>	TO TRANSPORT	OIL AND NATURAL GAS			
Operator BRIDGE OIL COM	PANY, L.P.		Well API No.	2 / 0 -	
Address			1 50-02	15-26085	
123// Merit Dri Reason(s) for Filing (Check proper ba	ive, Suite 1600, Dallas,				
New Well	Change in Transporter of:	Other (Please explain)			
Recompletion	Oil Dry Ges	⊒			
Change in Operator X Change of operator give name T	Casinghead Gas Condensate				
d address of previous operator	Petrus Oil Company, L.P.		uite 1600, Dal	las, Texas 752	
L DESCRIPTION OF WEL	L AND LEASE	ective 1/01/90			
esse Name Federal "X"	Well No. Pool Name, in Langlie	chuding Formation Mattix 7 Rivers Queen	Kind of Lease State Federal or Fee	Lease No.	
ocation ,	1000			7m 11768	
Unit Letter	: Feet From The	DOUTH Line and 336	Feet From The	West Line	
Section 5 Town	25-S Range 37	-E , NMPM.	Lea	Course	
			·	County	
II. DESIGNATION OF TRA large, of Authorized Transporter of Oil	ANSPORTER OF OIL AND NA	TURAL GAS Address (Give address to which a	permised some of this form	- is to be send	
Shell Pipelin		P.O. Box 264	8 Hante	JU 77252	
lame of Authorized Transporter of Ca Paso Natur		Address (Give address to which as	oproved copy of this form	is to be sent)	
well produces oil or liquids,		ge. Is gas actually connected?	When?	. 19918	
ve location of tanks.	M 15 1255137	E Ves	12/1	3178	
his production is commingled with the COMPLETION DATA	nat from any other lease or pool, give comm	ingling order number:			
	Oil Well Gas Well	New Well Workover De	epen Plug Back Sa	me Res'v Diff Res'v	
Designate Type of Completion	on - (X)		-peu Tiug Back Sa	ine kes v Dili kes v	
sie Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.		
evations (DF, RKB, RT, GR, esc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
fortions					
			Depth Casing S	hoe	
	TUBING, CASING AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SAC	SACKS CEMENT	
TEST DATA AND REQUI	FST FOR ALLOWARLE				
<u>-</u>	recovery of total volume of load oil and m	ust be equal to or exceed top allowable	for this depth or be for f	full 24 hours.)	
te First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, ga			
ngth of Test	Tubing Pressure	Casing Pressure	Choke Size		
tual Prod. During Test	Oil - Bbis.	Water - Bbls.	Gas- MCF		
AS WELL					
nual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Cond	ensate	
ing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	Choke Size	
OPERATOR CEPTIEN	CATE OF COMPLIANCE	-\rho			
I hereby certify that the rules and regi	ulations of the Oil Conservation	OIL CONSEI	RVATION_DI	VISION	
Division have been complied with an is true and complete to the best of my	d that the information given above	OIL CONSE	FEB	1 3 1990	
C Substitute of the sea of the	A NOTE AND DELKI.	Date Approved			
Nova Mc	Lough	D. COICIA	IAL SIGNED BY JE	RRY SEXTON	
Signature Dora McGough	Regulatory Analyst	By CRIGIN	DISTRICT I SUPER	VISOR	
Printed Name January 8, 1990	214-788-3300	Title			
Date	Telephone No.			 	
	· 	11			

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.