

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Langlie Mattix Queen Unit
8. Well No. 35
9. Pool name or Wildcat Langlie Mattix 7 Rivers Queen
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3076' GR

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER Water Injection Well

2. Name of Operator
Bridge Oil Company, L.P.

3. Address of Operator
12404 Park Central Drive, Suite 400, Dallas, Texas 75251

4. Well Location
Unit Letter E : 2310 Feet From The North Line and 4950 Feet From The East Line
Section 23 Township 25S Range 37E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Deepening well past plug back ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

12-06-90 through 12-14-90: MIRU Clarke Well Service. Released packer, TOH with tubing and packer. TIH with 2-7/8" tubing and 5-3/8" bit. Tagged plug @ 3250'. Drilled from 3250'-3440'. TOH with tubing and bit. Acidized with 2000 gallons 15% NEFE. TIH with 2-3/8" tubing and Baker AD-1 packer. Set packer @ 3072' with 18,000# tension. Pressure tested casing to 500 psi, tested OK. Return well to injection. RDMO.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Jerry Sexton TITLE Regulatory Analyst DATE 12-20-90
TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 02 199