

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTSUBMIT IN T
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A on reFORM APPROVED
OMB NO. 1004-0135
Expires: September 30, 1990

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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—" for such proposals.)

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. NM-17095 | |
| 2. NAME OF OPERATOR Bridge Oil Company, L. P. | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR 12377 Merit Drive, Ste. 1600, Dallas, TX 75251 | | 7. UNIT AGREEMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit Letter R, 2310' FSL & 2170' FEL | | 8. FARM OR LEASE NAME Govt. D A/G-2 | |
| 14. PERMIT NO. | | 9. WELL NO. 14 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 3201' | | 10. FIELD AND POOL, OR WILDCAT Fenton-Delaware N.W. | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T21S, R27E | |
| | | 12. COUNTY OR PARISH Eddy | |
| | | 13. STATE New Mex. | |

RECEIVED

MAR 28 '90

C. C. D.
ARTESIA, OFFICE

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

| | | | |
|---------------------|-------------------------------------------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | MULTIPLE COMPLETE | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | ABANDON* | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> |
| (Other) | Temporarily Abandonment <input checked="" type="checkbox"/> | | |

SUBSEQUENT REPORT OF:

| | | | |
|-----------------------|--------------------------|-----------------|--------------------------|
| WATER SHUT-OFF | <input type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| FRACTURE TREATMENT | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT* | <input type="checkbox"/> |
| (Other) | | | |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

The subject well is not economical to continue producing at this time. We request permission to place well in temporarily abandoned status. The current perforations are 2794-2800, 2860-2932, 3048-3060. We plan to set a CIBP @ approximately 2700'. The wellbore fluid will be treated with a corrosion inhibitor chemical and casing pressure tested before temporary abandonment.

P.S.

1. NOTIFY BLM -
2. TEST CSG -

18. I hereby certify that the foregoing is true and correct

SIGNED Dora McLaughlinTITLE Regulatory AnalystDATE March 14, 1990

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 3-26-90

*See Instructions on Reverse Side