Submit 3 Copies to Appropriate District Office	Energy, Minerals and Natural Resources Department		PEVISED Form C-103 CISE Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2085CEIVED Santa Fe, New Mexico 87504-2088 JUL 1 7 1992 O. C. D.		WELL API NO.	
DISTRICT II P.O. Drawer DD, Arlesia, NM 88210 DISTRICT III			5. Indicate Type of Lease STATE FEE X	
1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & Gas Lease No.	
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.)			7. Lease Name or Unit Agreement Name	
1. Type of Well: OFL WELL X WELL	OTHER		Moonlight 33 West	
2. Name of Operator Bridge Oil Company, L. P.			8. Well No.	
3. Address of Operator			9. Pool name or Wildcat	
12404 Park Central Dri	ve, Suite 400, Dallas,	<u>TX 75251</u>	Wildcat San Andres	
4. Well Locations Unit Letter:				
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3978, 4 GL				
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
		REMEDIAL WORK	ALTERING CASING	
	CHANGE PLANS			
PULL OR ALTER CASING		CASING TEST AND CE		
OTHER:		OTHER:	[]	

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

MIRU service unit on 7/20/92 to plug and abandon well as follows: Recover 2 3/8" tubing. Set $4\frac{1}{2}$ " CIBP @ 2300' with 35' cement plug on top. Set 100' cement plug from 1925' to 1825' (TOC 1876'). Perf @ 1300'. Set cement retainer @ 1250' and circulate cement to surface. Set 100' cement plug from 1250' to 1150'. Set 100' cement plug from 750' to 650'. Set 190' cement plug from 190' to surface. Hole will be filled with 10# gel between all plugs. Remove all wellhead and lease equipment and level location. Install steel marker identifying well name, number and location. Verbal approval of this procedure was obtained on 7/13/92 from Gary Williams.

I haraby cartify that the information above is me and complete to the best of my knowledge and belief.				
SKONATURE Rhonda Sutton	mgRegulatory Coordinator	DATE7/13/92		
TYPE OR PRINT NAME Rhonda Sutton	214/788-3371	TELEPHONE NO.		
(This space for State Use) APTROVED BY	TITLE HALP Roge	DATE 7/12-0192		