Submit 3 Copies to Appropriate District Office

State of New Mexico .gy, Minerals and Natural Resources Departme...

Form C-103
Revised 1-1-89

JAN 1 8 1991

District Office	1 .gy, witherais and iva	imrai K	esources Departme		Revised 1-1-	89))
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088				WELL API NO.		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New M			S. Jadiana Ta		
DISTRICT III			RECEIVE	5. Indicate Type		FEE 🛛
1000 Rio Brazos Rd., Aziec, NM 87410				6. State Oil & Ga	us Leuse No.	
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER	VOIR. USE "APPLICATION I	PEEPEN	OR PLUG BĂČK TO Ā Š RMIT"	7. Lease Name of	r Unit Agreement Name	
1. Type of Well:	101) FOR SUCH PROPOSAL	.S.)	O. C. D.	F	1	
MET MET X	отнеж			Brainard	l Gas Com.	
2. Name of Operator Bridge Oil Company, L.I				8. Well No.	2	
3. Address of Operator				9. Pool name or		
12404 Park Central Driv	/e, Suite 400, Dal	llas,	Texas 75251	Atoka Per	nn Gas	
	Feet From The North	ı	Line and 15	05 Feet From	The East	Line
Section 11	100		26F		T 1 1	
Secuon 11			nge 20E 1 DF, RKB, RT, GR, etc.)	VMPM	Eddy	County
			3307' GR			
	Appropriate Box to Ind	licate 1	Nature of Notice, Re	port, or Other	r Data	
NOTICE OF INT	ENTION TO:		SUB	SEQUENT F	REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING	OPNS.	PLUG AND ABANDONI	MENT [
PULL OR ALTER CASING			CASING TEST AND CE	MENT JOB		
OTHER:			OTHER: Plug b	ack		[
12. Describe Proposed or Completed Operation work) SEE RULE 1103.	ions (Clearly state all pertinent o	ietails, ar	d give pertinent dates, includ	ing estimated date o	f starting any proposed	
MIRU Clarke Well Service	ce to plug back in	ı same	e reservoir. Se	t CIBP @ 88	310', spotted	
35' cement on top of Cl	IBP. TIH with 2-3	3/8'' 1	tubing and packe	r, testing	tubing to	
7000 psi. Set packer 6						d
OK. Tested packer to 2 with 250 gallons 15% NE						_
RU swab, swabbed well o						•
				-		
·						
/						
I hereby certify that the information above is true	and complete to the best of my know	hodge and	beliaf.			
SIGNATURE AUGUS	en	m	Regulatory A	nalyst	DATE01-10-9	1
TYPEOR PRINT NAME J. Micha	ael Warren				(214) 788 – TELETHONE NO.	3363
(This space for State Use) OR4GINAL	SIGNED BY	-				

SUPERVISOR, DISTRICT IN

MIKE WILLIAMS