

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN **TRIPPLICATE**
(Other instr. as on re-
verse side)

FORM APPROVED
OMB NO. 1004-0135
Expires: September 30, 1990 *dsr*

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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR BRIDGE OIL COMPANY, L. P. ✓</p> <p>3. ADDRESS OF OPERATOR 12377 Merit Drive, Ste. 1600, Dallas, Texas 75251</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL and 760' FWL</p> <p>14. PERMIT NO.</p>		<p align="center">RECEIVED</p> <p align="center">MAR 30 '90</p> <p align="center">ARTESIA, OFFICE</p> <p>5. LEASE DESIGNATION AND SERIAL NO. LC-055465</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Federal BA Com.</p> <p>9. WELL NO. 1</p> <p>10. FIELD AND POOL, OR WILDCAT Chalk Bluff-Wolfcamp</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T18S, R27E</p> <p>12. COUNTY OR PARISH Eddy</p> <p>13. STATE New Mexico</p>					
<p>15. ELEVATIONS (Show whether DF, RT, CR, etc.)</p>		<p>16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p>NOTICE OF INTENTION TO:</p> <p>TEST WATER SHUT-OFF <input type="checkbox"/></p> <p>FRACTURE TREAT <input type="checkbox"/></p> <p>SHOOT OR ACIDIZE <input type="checkbox"/></p> <p>REPAIR WELL <input type="checkbox"/></p> <p>(Other) <input type="checkbox"/></p> </td> <td style="width:50%; vertical-align: top;"> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>MULTIPLE COMPLETE <input type="checkbox"/></p> <p>ABANDON* <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> </td> </tr> </table>		<p>NOTICE OF INTENTION TO:</p> <p>TEST WATER SHUT-OFF <input type="checkbox"/></p> <p>FRACTURE TREAT <input type="checkbox"/></p> <p>SHOOT OR ACIDIZE <input type="checkbox"/></p> <p>REPAIR WELL <input type="checkbox"/></p> <p>(Other) <input type="checkbox"/></p>	<p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>MULTIPLE COMPLETE <input type="checkbox"/></p> <p>ABANDON* <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>WATER SHUT-OFF <input type="checkbox"/></p> <p>FRACTURE TREATMENT <input type="checkbox"/></p> <p>SHOOTING OR ACIDIZING <input type="checkbox"/></p> <p>(Other) <u>Curtailment of Casinghead gas</u> <input checked="" type="checkbox"/></p> <p>REPAIRING WELL <input type="checkbox"/></p> <p>ALTERING CASING <input type="checkbox"/></p> <p>ABANDONMENT* <input type="checkbox"/></p> <p align="center"><small>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</small></p>	
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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.) *

Due to a fire at the Amoco Empire Gas Plant, gas is being curtailed by the purchaser, Amoco effective March 19, 1990. We respectfully request permission to flare the gas for approximately eight weeks, or until such time as repairs have been made to the plant.

The subject well produces approximately 330 barrels oil and 1475 MCF per month.

<p>18. I hereby certify that the foregoing is true and correct</p>		
<p>SIGNED <u>Dora McLaughlin</u></p> <p align="center"><small>(This space for Federal or State office use)</small></p>	<p>TITLE <u>Regulatory Analyst</u></p>	<p>DATE <u>March 21, 1990</u></p>
<p>APPROVED BY <u>Signed by Scott Salameh</u></p> <p>CONDITIONS OF APPROVAL, IF ANY:</p>	<p>TITLE <u>REGULATORY ANALYST</u></p>	<p>DATE <u>3 27 90</u></p>

*See Instructions on Reverse Side