

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTSUBMIT IN  
(Other Instru  
verse side)

PLICATE

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

c/si

## 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 660' FNL & 1980' FEL		8. FARM OR LEASE NAME Government "D"	
14. PERMIT NO. API No. 30-015025344		9. WELL NO. 8	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3198' Gr., 3211' KB		10. FIELD AND POOL, OR WILDCAT Fenton-Delaware, Northwest	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T21S, R27E	
		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Prepare for Temp. Aband. <input checked="" type="checkbox"/>		(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 has a hole in the tubing. We plan to pull the tubing and set a bridge plug @ approximately 2730'. The current perforations are 2832'-2950' and 3064-3150'. The wellbore fluid will be treated with a corrosion inhibitor chemical and casing pressure tested before temporary abandonment.

RECEIVED

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

SIGNED <u>[Signature]</u>	TITLE <u>Regulatory Analyst</u>	DATE <u>March 14, 1990</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u></u>	DATE <u>3-21-90</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side