Submit 3 Copies to Appropriate District Office

State of New Mexico En My Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

DISTRICT I OIL CO	NSERVATIO	N DIVISION	
P.O. Box 1980, Hobbs, NM 88240	P.O. Box 2088		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease
DISTRICT III			STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY NOTICES AND RE	PORTS ON WEI	ıs	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH		RMI I"	3
1. Type of Well: Oil. GAS			A John Contra
2. Name of Operator	OTHER (SWD)	· · · · · · · · · · · · · · · · · · ·	north Baum Swd System
BRIDGE OIL COMPANY £.P.	_		8. Well No. 9 SWD #1-N
3. Address of Operator			9. Pool name or Wildcat
12377 Merit Drive Suite 16 4. Well Location	00 Dallas.	Tx 75251	Baum ripper Kenn
Unit Letter	he South	Line and 198	O Feet From The West Line
		Lane and	Feet From The West Line
Section 18 Township	1.3 Ran levation (Show whether L	ige 33E i	NMPM Lea County
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ic vacion (Snow whether L	A, KAD, KI, GK, &C.)	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG ANI	D ABANDON X	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE		COMMENCE DRILLING	
DULL OR ALTER CACAGO			
_		CASING TEST AND CE	MENT JOB []
OTHER:		OTHER:	
 Describe Proposed or Completed Operations (Clearly state work) SEE RULE 1103. 	e all pertinent details, and	l give pertinent dates, includ	ing estimated date of starting any proposed
1. CIBP capped w/35 ft. c	ement or 10	Oft. plug and	d tag
2. load hole w/10# salt gel			
3. 100ft. plug at top ABO 7600			
4. Cut and pull $5-1/2 \stackrel{+}{=} 5000$ 50ft in/50ft. out of stub and tag			
5. 100 ft. plug top salt 1680			
6. 10 sx surface plug			
20 on Surface prug			
		*	
		4	
Thombs and for that the information shows in two and appropriate as the	had all any base at a second	-11-#	
I hereby certify that the information above is true and complete to the			1 21 0 2
SIGNATURE (VLUMOM) / Caylle)	тп.	2	DATE 6-21-90
TYPEOR PRINT NAME OLANDER BAXTER			TELEPHONE NO. 694 – 5464
(This space for State Use)	. ∞ (6)		
cadle vv. Jedy	***		JUN 2 1 1990
Oil & Gas Inspec	TITLE	I	DATE
CONDITIONS OF APPROVAL, IF ANY:		november 1	