Submit 3 Copies to Appropriate District Office

State of New Mexico Ei y, Minerals and Natural Resources Departmen.

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088

30-041-20414

WELL API NO.

DISTRICT II
P.O. Drawer DD. Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

1.0. Diawei DD, Aitesia, I	1141 00210				5. Indicate Type		V	
DISTRICT III						STATE	FEE X	
1000 Rio Brazos Rd., Aztec, NM 87410					6. State Oil & Gas Lease No.			
0.11					· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROFOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"						7. Lease Name or Unit Agreement Name		
1. Type of Well:					+			
OIL OIL	GAS WELL	OTHER				Stokage 5	SLEM	
2. Name of Operator		OTHER	SWD		Peterson F	enn S		
Bridge Oil Co	mnany I.P				8. Well No.	1		
3. Address of Operator	mpany, Dir	·		-		<u> </u>		
· ·	ntrol Dr	Sto 400 Dollar	~ Tr♥	75251	9. Pool name or Peterson H			
12404 Park Central Dr., Ste. 400, Dallas, TX 75251					reterson i	eiiii		
	220	C	L 1_	000		17 4		
Unit LetterM	: 330	Feet From The Sou	En .	Line and 990	Feet Fro	om The West	Line	
	•	. a						
Section 1	8	Township 5S		nge 33E	NMPM Roos	sevelt	County	
		10. Elevation (Show		DF, RKB, RT, GR, etc.)			7///////	
		///	4434	; RKB		<i>\\\\\\\\</i>		
11.	Check Ap	propriate Box to Ind	licate l	Nature of Notice, Re	eport, or Othe	r Data		
The state of the s					_	REPORT OF:		
MOTIOE OF INTENTION TO. 50B					SEQUENT	REPORT OF:		
PERFORM REMEDIAL W	ORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING		
				TIEMEDIAE POTAL		ALTERNIA CASINA	<u></u>	
TEMPORARILY ABANDO	N L	CHANGE PLANS		COMMENCE DRILLING	OPNS.	PLUG AND ABANDO	TNBMNC	
PULL OR ALTER CASING CASING TEST AND C					MENT JOB			
Paga					illi.		_	
OTHER:			لــا ـ	OTHER: Bradenh	ead test		<u> </u>	
12 Describe Proposed or C	'ompleted Operation	s (Clearly state all pertinent a	lata ila an		r			
work) SEE RULE 110	3.	s (Clearly state an pertinent o	eiaus, an	a give periment dates, inclu	ung estimated date	of starting any proposed		
,								
Performed wit	nessed brad	denhead test on .	3-20-	92. Witnessed	by Mr. Jacl	c Griffin w/ N	MOCD.	
•								
NOTE: CHART	ATTACHED.							
•								
I hereby certify that the inform	nation above is true and	i complete to the best of my know	ledge and	belief.				
			-		Mana	2 22	0.0	
SIGNATURE SIGNATURE	rane		m	Regulatory	manager	DATE3-26-	-92	
						<i>2</i> 7		
TYPE OF PRINT NAME						THE PERSON		

APPROVED BY-

(This space for State Use)

CHISCORDO I SUMPRIVISOR

MAR 31"

DATE -

CONDITIONS OF APPROVAL, IF ANY:

