

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-041-20414
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER SWD

2. Name of Operator
Bridge Oil Company, L.P.

3. Address of Operator
12404 Park Central Dr., Ste. 400, Dallas, TX 75251

4. Well Location
Unit Letter M : 330 Feet From The South Line and 990 Feet From The West Line
Section 18 Township 5S Range 33E NMPM Roosevelt County

7. Lease Name or Unit Agreement Name
Peterson Penn Storage System

8. Well No.
1

9. Pool name or Wildcat
Peterson Penn

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4434' RDB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Pressure test casing ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

3-5-91: MIRU Clarke Well Service to repair tubing leak. Released packer. SDFN.

3-6-91: TOH with 2-7/8" tubing, SN and packer. TIH with 247 joints 2-7/8" tubing and Guiberson Uni VI packer. Set packer at 7619' GL with 15,000# tension. Tested casing to 500 psi, tested OK. RDMO.

NOTE: TEST CHART ATTACHED.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE J. Michael Warren TITLE Regulatory Analyst DATE 3-27-91
TYPE OR PRINT NAME J. Michael Warren (214) 788-3300
TELEPHONE NO.

(This space for State Use)
APPROVED BY J. Michael Warren TITLE Regulatory Analyst

APPROVED BY J. Michael Warren TITLE Regulatory Analyst DATE APR 02 1991
CONDITIONS OF APPROVAL, IF ANY:

