

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. 30-025-28695
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-11078

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER SWD	7. Lease Name or Unit Agreement Name State NC
2. Name of Operator Bridge Oil Company, L.P.	8. Well No. 1
3. Address of Operator 12404 Park Central Dr., Ste. 400, Dallas, TX 75251	9. Pool name or Wildcat North Anderson Ranch
4. Well Location Unit Letter <u>A</u> : <u>1320</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>3</u> Township <u>16S</u> Range <u>32E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4318' GR	

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 JOBS ☐  
OTHER: Mechanical Integrity Test ☒

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.

11-20-91: Conducted MIT, did not pass test. Shut well in. Test witnessed by NMOCD (Lyle).

12-10-91: MIRU Pride Well Service to repair tubing leak. TOH with 2-3/8" tubing and packer. TIH with new 2-3/8" tubing and Guiberson Uni VI packer. Set packer at 9426'. Pressure tested casing to 500 psi for 30 minutes, held OK. NMOCD notified but did not witness. RDMO. Chart attached.

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

SIGNATURE J. M. Warren TITLE Manager, Regulatory and Production Analysis DATE 12-18-91  
TYPE OR PRINT NAME J. M. Warren (214) 788-3363  
TELEPHONE NO.

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE DEC 23 1991  
CONDITIONS OF APPROVAL, IF ANY: