Submit 3 Copies to Appropriate District Office

Type of Well:

2. Name of Operator

3. Address of Operator

Well Location

Unit Letter \_

PERFORM REMEDIAL WORK

**TEMPORARILY ABANDON** 

**PULL OR ALTER CASING** 

WEII.

11.

OTHER:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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

P.O. Drawer DD, Artesia, NM 88210

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

OIL	CONSERV	<b>ATION</b>	DIVISION
	DΛ	D 2000	

WELL API NO. P.O. Box 2088 <u>30-025-</u>28695 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease STATE FEE L 6. State Oil & Gas Lease No. B-11078 SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) SWD State NC 8. Well No. Bridge Oil Company, L. P. 9. Pool name or Wildcat 12377 Merit Drive, Ste. 1600, Dallas, Texas 75251 North Anderson Ranch - WC : 1320 Feet From The North Line and \_\_\_ 660 Feet From The thip 16S Range 32E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) **NMPM** County 4318.3' Gr. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB OTHER: Conversion to SWD WEll

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.

11/20/87 - Converted Producer to SWD

Ran 2-3/8" - 4.7# J-55 plastic coated tubing. Set packer @ 9501.16'. Pressure tested annulus to 800#. Held O.K. Pumped 2500 Gal. 15% NEFE acid. Conversion Completed and ready for disposal.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. Sr. Regulatory Analyst September 7, 199 SIGNATURE . DATE 214 TYPE OR PRINT NAME Dora McGough 788-3378 TELEPHONE NO. (This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

TITLE

CONDITIONS OF AFPROVAL, IF ANY:

APPROVED BY

Swd-323

RECEIVED

SEP 1 3 1990

OCD HOBBS OPPICE