Submit 3 Copies to Appropriate District Office	State of New Mexico Ener, Minerals and Natural Resources Departme	nt Form C-103 Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	OIL CONSERVATION DIVISIO P.O. Box 2088 Santa Fe, New Mexico 87504-2088	N WELL API NO. 30-025-30879	
P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No.	
	ICES AND REPORTS ON WELLS OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO		
DIFFERENT RESE	RVOIR. USE "APPLICATION FOR PERMIT" -101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL WELL X	OTHER	Julia Culp (Com.)	
2. Name of Operator Bridge Oil Company,	L. P.	8. Weil No. 2	
3. Address of Operator		9. Pool name or Wildcat	
12377 Merit Drive, S 4. Well Location	Ste. 1600, Dallas, Texas 75251	Wildcat Mississippian	
Unit Letter :		660 Feet From The East Line	
Section 34	Township 15S Range 35E ////////////////////////////////////	NMPM Lea County	
	10. Elevator (Show Whether Dr. RKB, RI, GR, etc. 3954.9		
11. Check	Appropriate Box to Indicate Nature of Notice	e, Report, or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
OTHER:	OTHER: adu	<u>Com te leave pame</u>	

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

Drilled 7-7/8" hole to 13950'. Set 5-1/2", 17 & 20 ppf, N-80, LTC at 13950'. Cement w/1400 sx 50/50 Poz Class H + additives. Test casing to 3000 psi for 30 minutes. Run CBL and found top of cement at 9280'. Perforate 13391' to 13522' w/37 holes. Run 2-7/8" tubing w/ packer at 13330'. Unload well. Acidize with 4500 gal 20% HCL. Unload well and clean up acid. Flow on 19/64" hole to unload well with pressure bombs in hole. Initial BHP was 6420 psig and final buildup BHP was 5824 psig after producing 1830 MCF, 73 BO, 6 BW.

I hereby certify that the information above is true and complete to the be SKONATURE	Regulatory Analyst	DATE7/18/90
TYPE OR PRINT NAME		TELEPHONE NO.
(This space for State Use)		the second second
		DATE