Submit 3 Copies to Appropriate District Office	Energ y, inerals and Natural Reso	ources Department	Revised 1-1-89
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION P.O. Box 2088		WELL API NO.
Santa Fe, New Mexico 87504-2088 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.
SUNDRY NOT	ICES AND REPORTS ON WELL	S	
( 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.)			7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL X WELL	OTHER		Humphrey Queen Unit
2. Name of Operator			8. Well No.
Bridge Oil Company,	L.P.		8
3. Address of Operator			9. Pool name or Wildcat
12404 Park Central D:	r., Ste. 400, Dallas, TE	XAS 75251	Langlie Mattix 7 Rivers Queen
4. Well Location			
Unit Letter E :	650 Feet From The North	Line and 660	Feet From The Line
Section 3	Township 25S Ran		NMPM Lea County
	10. Elevation (Show whether L	OF, RKB, RT, GR, etc.)	
	317	0' DF	
11. Check	Appropriate Box to Indicate N	Nature of Notice, R	eport, or Other Data
NOTICE OF IN		SUB	
		REMEDIAL WORK	
	CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING		CASING TEST AND CE	
OTHER:		OTHER:	L

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.

12-17-91: MIRU Smith Brothers Well Service to plug well. TOH laying down rods. TOH w/ 107 jts 2-3/8" tbg. TIH w/ 7" CIBP. Set bridge plug @ 3150'. Spotted cmt from 3150'-3115'. TIH w/ tbg. Circ hole w/ 10# brine and 25# gel. Spotted 100' Class H cmt from 2400'-2300'. RU on 7" casing. Pull 105,000# on csg. Csg free to 300'. Spotted 350' Class H cmt from 1050'-750'. Perf 7" csg at 300'. Set retainer at 183'. Pumped 148 sx Class H cmt. Circ to surface. Filled 7" csg from 183' to surface w/ 30sx Class H cmt. Cut and capped well. Set dry hole marker. RDMO. Witnessed by R.A. Sadler with NMOCD.

Ready for inspection.

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I hereby certify that the information above is true and complete to the best of my SKONATURE J.M. Warren	Manager, Regulatory	DATE
(This space for State Use) APPROVED BY CAMPY M. Jill CONDITIONS OF APPROVAL, & ANY:	DIL & GAS INSPECTOR	JAN 17'92

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