

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Encl. Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.

5. Indicate Type of Lease

STATE ☐

FEE ☒

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 Water Injection Well

2. Name of Operator

Bridge Oil Company, L.P.

3. Address of Operator

12377 Merit Dr., Suite 1600, Dallas, Texas 75251

4. Well Location

Unit Letter D : 660 Feet From The North Line and 330 Feet From The West Line

Section 14 Township 25S Range 37E NMPM Lea County

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

3115' 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 JOB ☐

OTHER: Deepening well past plug back ☒

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.

10-23-90 through 10-27-90: MIRU Clarke Well Service. TOH with tubing and packer. TIH with bit, tagged CIBP @ 3339'. Drilled through CIBP to TD @ 3520'. Acidized with 2000 gallons 15% NEFE, TOH. Tested tubing to 2000 psi, tested OK. TIH with 2-3/8" tubing & Baker AD-1 packer, set packer @ 3120' with 15,000# tension. Pressure tested casing to 500 psi, tested OK. RDMO.

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 12-06-90

TYPE OR PRINT NAME

J. Michael Warren

(214) 788-3363
TELEPHONE NO.

(This space for State Use) C-103

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

