

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 Drive, Ste. 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 25-S

Range 37-E

NMPM

Lea

County

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

3115 Gr.

7. Lease Name or Unit Agreement Name

Langlie Mattix Queen Unit

8. Well No.

13

9. Pool name or Wildcat

Langlie Mattix 7 Rivers Queen

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: Deepen Well Past Plug Back ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

Clean out fill to top of CIBP @ 3340'. Drill out CIBP and clean out fill to 3520'. Acidize with 2000 Gal. 15% NEFE. Run tubing and set packer. Pressure test casing to 500 psi and monitor for 30 minutes. Return well to injection. After 7 days injection, run injection profile and temperature survey.

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

SIGNATURE

Dora McGough

TITLE Sr. Regulatory Analyst

DATE Sept. 26, 1990

TYPE OR PRINT NAME

Dora McGough

TELEPHONE NO. 214/788-3378

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

OCT 01 1990

OCD
HOBBS OFFICE