OTHER:

Ene.

Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088

P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease FEE XX STATEL

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	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.)	7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL X OTHER	Langlie Mattix Queen Unit	
2. Name of Operator	8. Well No. 18	
Bridge Oil Company, L.P.	9. Pool name or Wildcat	
3. Address of Operator	Langlie Mattix 7 Rivers Queen	
12404 Park Central Dr., Ste. 400, Ballas, In 1922		
4. Well Location Unit Letter E: 1980 Feet From The North Line and 330 Feet From The West Line		
14 Township 25S Range 37E	NMPM LEA County	
10. Elevation (Show whether Dr., RKB, RI, GR, etc.)		
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO:	JBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL	ING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING TEST AND	CEMENT JOB	

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.

Set CIBP + 35' cement @ 3200'. Spot 100' cement plug from 2500'-2400'. Cut and pull approximately 1070' of 5-1/2" production casing. Set 150' cement plug from 1000'-1150'. Tag plug. Perforate @ 250' and squeeze 100' cement plug from 150'-250'. Place 10sx cement plug in top of casing. Cut off casing 3' below ground surface and weld on steel plate. Set dry hole marker. Fill pits, level location and clear all junk.

OTHER:

NOTE: Hole to be filled with 10# brine + 25# gel/bbl.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. Manager, Regulatory SKONATURE TITLE	
TYPE OR PRINT NAME J. Michael Warren	TELEPHONE NO.

TITLE

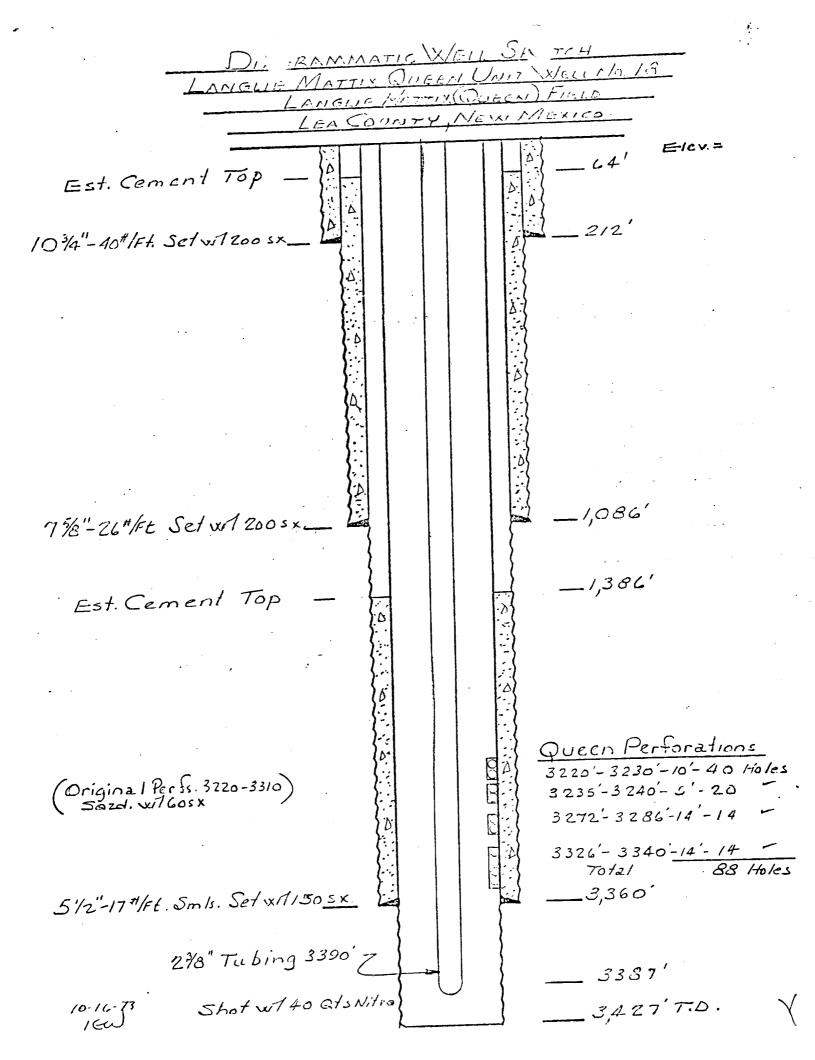
(This space for State Use) CRIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

MIN 15 19

CONDITIONS OF AFTROVAL, IF ANY:

APPROVED BY-



RECEIVED

NOV 1 4 1991

HOBBS OFFICE