State of New Mexico
E _y, 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.)

7. Lease Name or Unit Agreement Name

1. Type of Well:
OIL WELL ☐   GAS WELL ☐   OTHER WIW

Langlie Mattix Queen Unit

2. Name of Operator

Bridge Oil Company, L.P.

8. Well No.
19

3. Address of Operator

12404 Park Central Dr., Ste. 400, Dallas, TX 75251

9. Pool name or Wildcat
Langlie Mattix 7 Rivers Queen

4. Well Location

Unit Letter __J__ : __1980__ Feet From The __South__ Line and __1980__ Feet From The __East__ Line

Section 15   Township 25S   Range 37E   NMPM   Lea   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3098' KB

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: Casing pressure test ☒

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.

8-16-91   Pressure tested casing to 340 psi.   Tested OK.   Test witnessed by L.W. Hill
          with NMOCD.

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

SIGNATURE _____   TITLE Regulatory Analyst   DATE 8-20-91

TYPE OR PRINT NAME   J.M. Warren   (214) 788-3300 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY:

B