Submit 3 Coures to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C·103 Revised 1-1-89

DISTRICTI

OIL CONSERVATION DIVISION WELL

P.O. Box 1980, Hobbs, NM 88240	Box 1980, Hobbs, NM 88240 P.O. Box 2088		WELL API NO.		
DISTRICT II Santa Fe, New Mexico 87504-2088 P.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		
(DO NOT USE THIS FORM FOR PROPOSALS DIFFERENT RESERVOIR. U	ND REPORTS ON WELL TO DRILL OR TO DEEPEN O ISE "APPLICATION FOR PERI R SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit A	Agreement Name	
1. Type of Weil: Oil GAS WELL WELL	OTHER WATER I	NJECTION WELL	Langlie Matt	ix Oueen Unit	
2. Name of Operator			8. Well No.		
BRIDGE OIL COMPANY, L. P. 3. Address of Operator			9. Pool name or Wildcat		
12377 Merit Drive, Ste. 16	500 Dallas Texas	75251		ix 7 Rivers Queen	
4. Well Location					
Unit Letter _B :660 Foot	From The North	Line and198	Feet From The	East Line	
Section 15 Tov	vership 25-S Ran		MPM LEA	County	
	10. Elevation (Show weather L	F, RKB, RT, GR, 41c.)			
11. Check Approp	priate Box to Indicate N	ature of Notice, Re	port, or Other Da	12	
NOTICE OF INTENTI	ON TO:	SUB	SEQUENT REP	ORT OF:	
PERFORM REMEDIAL WORK	LUG AND ABANDON 🔲	REMEDIAL WORK	ALTI	ERING CASING	
TEMPORARILY ABANDON C	HANGE PLANS	COMMENCE DRILLING	OPNS. DPLU	G AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB		
OTHER: Neepen Well Past	Plug Back X	OTHER:			
12. Describe Proposed or Completed Operations (Cla		d give persinent dates, inclu	ting estimated date of start	інд алу ргорома	
work) SEE RULE 1103.	,				
Drill out upper portion of	cement plug from	3417-3525. Ac	idize with 2000	O Gal.	
15% NEFE. Run 2-3/8" tubi	ng and set packer.	Pressure test	casing to 500	pši ction	
and moniter for 30 minutes run injection profile and			er / days injec	LLIOH,	
idi. Injection profite and	,				
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	•				
I hereby certify that the information above is true and com	npiete to the best of my knowledge and	belief.		<u> </u>	
SIGNATURE VALUE MC	Lough m	sr. Regulat	ory Analyst	DATE Sept. 26, 1990	
7010	J			214/ TELETHONE NO.788-3378	
TYPEOR PRINT NAME Dora McGough					
(This space for State Use)				OCT 0 1 199	
APPROVED BY		u		DATE	
COMPENSAGE ARROWAL IN ANY					