

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.

7. Lease Name or Unit Agreement Name

Lanlie Mattix Queen Unit

8. Well No.  
17

9. Pool name or Wildcat  
Langlie Mattix 7 Rivers Queen

**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 WIW

2. Name of Operator  
Bridge Oil Company, L.P.

3. Address of Operator  
12404 Park Central Drive, Suite 400, Dallas, TX 75251

4. Well Location  
Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line  
Section 15 Township 25S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3116' 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: ☐

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.

5-3-91: MIRU service unit. TOH w/ 2-3/8" tubing. TIH w/ 3-1/2", 9.3#/ft., J-55 tubing and run to TD @ 3522'. Cement 3-1/2" tubing w/ 120sx class "C" and 220sx class "C" + 2% CaCl + 1/4#/sk cello-seal. Pressure test casing to 1500 psi for 30 minutes. Run correlation log and perforate injection zone. Acidize w/ 2500 gallons 15% NEFE. Clean out and return to injection.

See attached letter from Santa Fe authorizing this work.

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 5-2-91  
TYPE OR PRINT NAME J. Michael Warren (214) 788-3363  
TELEPHONE NO.

(This space for State Use)

MAY 13 1991

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: