

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

FORM APPROVED
OMB NO. 1004-0135
Expires: September 30, 1990

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" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injection Well		5. LEASE DESIGNATION AND SERIAL NO. LC-032592-A	
2. NAME OF OPERATOR Bridge Oil Company, L.P.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 12377 Merit Drive, Suite 1600, Dallas, Texas 75251		7. UNIT AGREEMENT NAME Humphrey Queen Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter A: 990' FNL & 100' FEL, Sec. 3, T25S, R37E Lea County, New Mexico		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. 6	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3186' GR		10. FIELD AND POOL, OR WILDCAT Langlie Mattix 7 Rivers Queen	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T25S, R37E	
		12. COUNTY OR PARISH Lea	13. STATE N. Mexico

16. **Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data**

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Deepening well in same resv. <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. **DESCRIBE PROPOSED OR COMPLETED OPERATIONS** (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

11-21-90 through 11-30-90: MIRU Clarke Well Service. Released packer, TOH with tubing and packer. TIH with packer, set packer @ 3150', tested casing to 500 psi, tested OK. TOH with packer. TIH with drill bit and drilled from 3424'-3510', TOH. Acidized with 2000 gallons 15% NEFE. TIH with tubing and packer, set packer @ 3167'. Tested casing and packer to 500 psi for 30 minutes, tested OK. RDMO.

RECEIVED
DEC 10 8 48 AM '90
CARLETON SOURCE
AREA HEADQUARTERS

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Regulatory Analyst

DATE 12-05-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

