

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 <input checked="" type="checkbox"/> 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 Que.	
		11. SEC., T., R., W., OR BLE. AND SURVEY OR AREA Sec 3, T25S, R37E	
		12. COUNTY OR PARISH Lea	
		13. STATE New 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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Deepen well in same reservoir <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.)*

POOH w/ packer and tubing, set new packer. Pressure test casing; if OK, deepen well to 3510'. Acidize with 2000 gallons 15% NEFE. Run tubing and reset packer. Pressure test casing to 500 psi and monitor for 30 minutes. Return well to injection. After 7 days injection, run injection profile and temperature survey. Work to begin upon approval.

Subject to
Like Approval
by State

RECEIVED
NOV 5 9 58 AM '90
CARETAKER'S
AREA

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

SIGNED [Signature]

TITLE Regulatory Analyst

DATE 11-1-90

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 11-4-90

*See Instructions on Reverse Side