

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.
30-025-23183

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Humphrey Queen Unit

8. Well No.
20

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 Water Injection Well

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

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

4. Well Location
Unit Letter M : 5 Feet From The West Line and 100 Feet From The South Line

Section 3 Township 25S Range 37E NMPM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3154' 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: Add perforations ☒

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.

MIRU service unit. Pull tubing and packer. Inspect and test tubing, replace if necessary. Perforate 3471'-74' and 3494'-3504'; 4 SPF. Acidize with 2000 gallons 15% NEFE acid. Run tubing and set packer @ +/- 3250'. Pressure test casing to 500 psi and monitor for 30 minutes. Return well to injection. After 7 days injection, run injection profile. Verbal approval for this work was received from Evelyn Downs on 1-15-91.

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 1-16-91
TYPE OR PRINT NAME J. Michael Warren (214) 788-3363
TELEPHONE NO.

(This space for State Use)

APPROVED BY E. Gene W. Stacy TITLE Oil & Gas Inspector DATE JAN 21 1991

CONDITIONS OF APPROVAL, IF ANY: