Form 3160-5 (May 1989) UNI D	STATES SUBMIT IN TRIPLA. Other Instructions on	FORM APPROVED OMB NO. 1004-0135 Expires: September 30, 1990
BUREAU OF LAN	TITE TITELLING (Terme pide)	5. LEASE DESIGNATION AND SERIAL NO. LC-056968
SUNDRY NOTICES AN (Do not use this form for proposals to drill o Use "APPLICATION FOR P	D REPORTS ON WELLS r to deepen or plug back to a different reservoir. ERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE HAME
I. OIL GAB D		7. UNIT AGREEMENT NAME
WELL WELL OTHER WATER 1 2. NAME OF OPERATOR	njection Well	Langlie Mattix Queen unt
Bridge Oil Company, L.P.		S. FARM OR LEASE HAMB
3. ADDRESS OF OPERATOR		9. WELL NO.
12377 Merit Drive, Suite 1600, Dallas, Texas 75251		22
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		10. FIELD AND POOL, OR WILDCAT
At sonace		Langlie Mattix 7 Rivers Quee
Unit Letter N: 668' FSL & 1633	' FWI.	11. SHC., T., B., M., OR REK. AND SURVEY OR AREA
	R37E, Lea County, New Mexico	Sec. 15, T25S, R37E
14. PERMIT NO. 15. BLEVATIO	ONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISE 18. STATE
	3080' GR	Lea N. Mexico
16. Check Appropriate B	ox To Indicate Nature of Notice, Report, or	
NOTICE OF INTENTION TO:	1	
TEST WATER SHUT-OFF	,	SQUENT REPORT OF:
FRACTURE TREAT PULL OR ALTER MULTIPLE COM		REPAIRING WELL
BHOOT OR ACIDIZE ABANDON®	FRACTURE TREATMENT SHOOTING OR ACIDIZING	ALTERING CASING
REPAIR WELL CHANGE PLANS	1)	z past plug back X
(Other) 7. DESCRIBE PROPUSED OR COMPLETED OPERATIONS (Clean proposed work. If well is directionally drilled, ((Norm: Report resu	its of multiple completion on Well
11-14-90 thru 11-18-90: MIRU Cland packer. TIH with bit, start to 3500'. Perf'd from 3404'-10'2 SPF. Acidized with 1000 galloset packer @ 3172'. Pressure to	ed drilling cement and cement r ; 3434'-36'; 3446'-52'; 3460'-6 ons 15% NEFE. TIH with 2-3/8'' t	retainer @ 3390', drilled 53';,3472'-78'; and 3484'-91';
	Jó	RECEIVED DEC 10 8 48 AM '90 CARLO S SUBROE AREA HEAD LUARTERS
8. I hereby certify that the foregoing is true and corn	ect	
SIGNED Selaren	TITLE Regulatory Analyst	11-26-90
(This space for Federal or State office use)		
(imin abuce tot Ledetar ot State 0mde file)		

