Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: Langlie Mattix Queen Unit

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER Water Injection Well

8. Well No. 28

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

9. Pool name or Wildcat: Langlie Mattix 7 Rivers Queen

3. Address of Operator: 12377 Merit Drive, Suite 1600, Dallas, Texas 75251

4. Well Location
Unit Letter B : 500 Feet From The North Line and 2540 Feet From The East Line

Section 22 Township 25S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3070' KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: Deepen past plug back ☒		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.

Drill out CIBP at 3400'. Clean out to 3484'. Acidize with 2000 gallons 15% NEFE. Run tubing and set 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.

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 10-31-90

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

(This space for State Use)

APPROVED BY Orig. Signed by Paul Kautz Geologist TITLE DATE NOV 01 1990

CONDITIONS OF APPROVAL, IF ANY: