Submit 3 Copies to Appropriate District Office	State of New M Enc Minerals and Natural R		Form C-103 Revised 1-1-89		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	OIL CONSERVATIO P.O. Box 20 Santa Fe, New Mexico	88	WELL API NO.		
P.O. Drawer DD, Anesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		015042088	5. Indicate Type of Lease STATE FEE X 6. State Oil & Gas Lease No.		
( DO NOT USE THIS FORM FOR PRO DIFFERENT RESEI (FORM C	ICES AND REPORTS ON WE DPOSALS TO DRILL OR TO DEEPEN RVOR. USE "APPLICATION FOR PE -101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name		
1. Type of Well: OIL OAS WELL X WELL 2. Name of Operator	OTHER		Langlie Mattix Queen Unit 8. Well No.		
Bridge Oil Company, I 3. Address of Operator			8. Well No.		
-	., Ste. 400, Dallas, T	X 75251	9. Pool name or Wildcat Langlie Mattix 7 Rivers Queen		
Unit LetterE : 1980	Feet From The North	Line and330	Feet From The West Line		
Section 14 Township 25S Range 37E NMPM LEA County					
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data   NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
		REMEDIAL WORK			
	CHANGE PLANS				
PULL OR ALTER CASING		CASING TEST AND CE			
OTHER:		OTHER:			
12. Describe Proposed or Completed Operation	tions (Clearly state all pertinent details an	d aine pertinent deter i d			

work) SEE RULE 1103.

12-13-91: MIRU Smith Brothers Well Service to plug well. TOH w/ rods and pump. TOH w/ tbg. TIH  $\dot{w}$ / CIBP. Set CIBP at 3200'. Spotted 35' cement. TIH w/ 100 jts 2-3/8" tubing. Tagged plug at 3165'. Circ hole w/ 10# brine and gel. Spotted cement plug from 2500'-2400'. Cut casing at 1108'. TOH w/ 36 jts. 5-1/2" casing. Spotted plug from 1108'-1050'. TOH w/ tubing. TIH w/ tubing. Tagged plug at 1050'. Perf at 250'. Squeezed 50sx Class H cement. Spotted plug from 250'-150'. Spotted 10 sx in top of casing. Cut and capped well. Set dry hole marker. Well P & A'd./ Witnessed by R.A. Sadler w/ NMOCD. RDMO.

Ready for inspection.

I hereby certify that the information above is true and complete to the be SKONATURE J.M. Warren	za of my knowledge and belief. 	DATE <u>01-03-92</u> (214) 788-3300 TELEPHONE NO.
(This space for State Use)		
APPROVED BY	TITLE	DATE