

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

API NO. (assigned by OCD on New Wells)

30-025-30974

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER

Water Supply

Well

SINGLE
ZONE ☐

MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

Langlie Mattix ~~Queen Unit~~

Water Supply well

2. Name of Operator

BRIDGE OIL COMPANY, L. P.

3. Address of Operator

12377 Merit Drive, Ste. 1600, Dallas, Texas 75251

8. Well No.

1

9. Pool name or Wildcat

Queen Grayburg

Langlie Mattix 7 Rivers, San Andres

4. Well Location

Unit Letter A : 1166 Feet From The North Line and 1300 Feet From The East Line

Section 15 Township 25S Range 37 East NMPM Lea County

10. Proposed Depth

4500

11. Formation

San Andres

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

3103.2 Gr.

14. Kind & Status Plug. Bond

Blanket on File

15. Drilling Contractor

NA

16. Approx. Date Work will start

September 7, 1990

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	48.0#	400'	400	Surface
11"	8-5/8"	32.0#	3800'	1200	Surface
7-7/8"	Open Hole	-	4500	-	-

1. BLOWOUT PREVENTER PROGRAM:

Casing String

BOP Size & API Series

No. & Type

Test Pressure (psi)

13-3/8"

13-5/8" - 5000 psi

1 - Double Ram

1000 psi

8-5/8"

13-5/8" - 5000 psi

1 - Double Ram

3000 psi

1 - Annular Preventer

2. Typical BOP sketch attached.

3. Completion is to be open hole and treated with acid.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Dora McGough

TITLE

Sr. Regulatory Analyst

DATE

August, 1990

TYPE OR PRINT NAME

Dora McGough

214/

TELEPHONE NO. 788-3378

(This space for State Use)

APPROVED BY

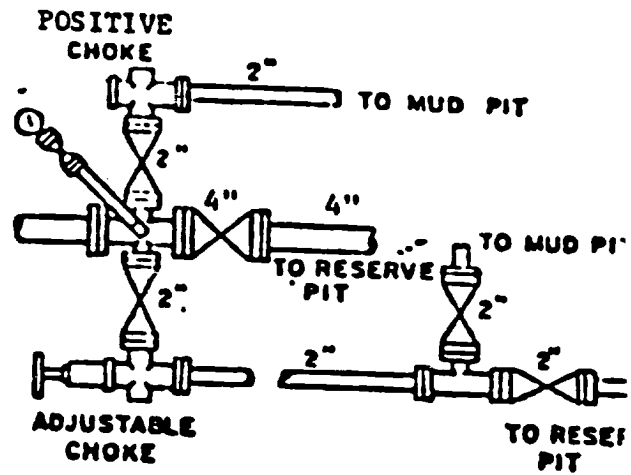
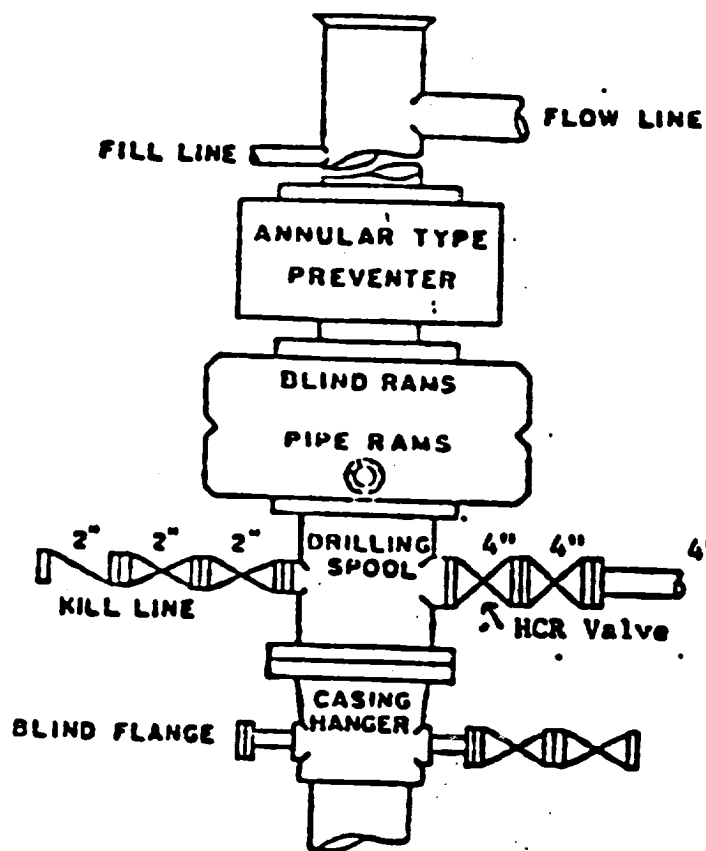
TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

AUG 15 1990



Submit to Appropriate
District Office
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Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator BRIDGE OIL COMPANY		Lease <i>Langlie Mattix</i> LMQH Water Supply Well		Well No. 1
Unit Letter A	Section 15	Township 25 South	Range 37 East	County Lea
Actual Footage Location of Well: 1166 feet from the North line and 1300 feet from the East line				
Ground level Elev. 3103.2	Producing Formation San Andres	Pool <i>Undesign SA</i> Langlie Mattix 7 Rivers Queen	Dedicated Acreage: Acres	
<p>1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.</p> <p>2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).</p> <p>3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is "yes" type of consolidation _____</p> <p>If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____</p> <p>No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.</p>				

OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature
Dora McGough
Printed Name
Dora McGough
Position
Sr. Regulatory Analyst
Company
Bridge Oil Company, L. P.
Date
August 3, 1990

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed July 18, 1990

Signature & Seal of
Professional Surveyor

Certificate No. *JOHN W. WEST* 676
RONALD J. EIDSON, 3239

125030

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0

see amended C-102

Rec'd 3-13-92

ELF

AUG 13 1990

RECEIVED