

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.
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name Langlie Mattix Queen Unit
2. Name of Operator Bridge Oil Company, L. P.	8. Well No. 43
3. Address of Operator 12377 Merit Drive, Ste. 1600, Dallas, TX. 75251	9. Pool name or Wildcat Langlie Mattix 7 Rivers Queen
4. Well Location Unit Letter <u>P</u> : <u>1300</u> Feet From The <u>South</u> Line and <u>1300</u> Feet From The <u>East</u> Line Section <u>15</u> Township <u>25S</u> Range <u>37E</u> NMPM <u>Lea</u> County <u></u>	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3103 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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Company Name Change ☒

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.

EFFECTIVE January 1, 1990 Operator Name was changed from Petrus Oil Company, L. P. to Bridge Oil Company, L. P.

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

SIGNATURE Dora McLaughlin TITLE Regulatory Analyst DATE 3/27/90
TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

ORIGINAL FILED BY JERRY SEXTON

APPROVED BY _____ DISTRICT I SUPERVISOR _____ TITLE _____ DATE APR 4 1990

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APR 8 1990

OCD
HOBBS OFFICE