

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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Budget Bureau No. 1004-0135
Expires August 31, 1985

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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—" for such proposals.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SRM 1182 NM0487738	
2. NAME OF OPERATOR Bravo Operating Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 2160, Hobbs, N. M. 88241		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 1980' FEL		8. FARM OR LEASE NAME Rio Com	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3581 GR		10. FIELD AND POOL, OR WILDCAT Penasco Draw Morrow	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec. 29, T-18S-R25E	
		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

Change in Status of Well

X

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

The well status shown on the MMS-3160 form was incorrect. This form is filed for correction of well status only. This is a Flowing Gas Well.

RECEIVED

OCT 4 11 13 AM '89

18. I hereby certify that the foregoing is true and correct

SIGNED Ann K. Headstream TITLE Production Supervisor

DATE 10-3-89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP. DATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-0487738

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Rio Com.

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Penasco Draw Morrow

11. SEC., T., R., M., OR BLK. AND
SUBST OR AREA

Sec 29, T18S-R25E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different depth.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Bravo Operating Co.

3. ADDRESS OF OPERATOR

P.O. Box 2160, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1980' FNL & 1980' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3581 GR

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

Plug & abandon

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

1. Set CIBP @ 8650'±. Cap with 35' Cement.

2. Free point, shoot off and pull 5½" casing. (Est. 8200').

3. Displace hole with Salt Gel Mud.

4. Set 200' plug. Plug across 5½" casing stub, 100' in & 100' out. Tag this plug.

5. Set 100' plug from 5274'-5174' and tag.

6. Set 200' plug from 1300'-1100' and tag.

7. Set 100' plug from 350'-250'.

8. Set 50' plug at surface.

9. Clean location, cut off anchor; install dry hole marker and make location ready for inspection.

18. I hereby certify that the foregoing is true and correct

SIGNED Pat J. J. J.

TITLE Agent

DATE April 6, 1989

(This space for Federal or State office use)

APPROVED BY Shannon J. Shaw

FOR CHIEF, BUREAU OF LAND MANAGEMENT

DATE 4-13-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side