

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 GAS WELL OTHER

2. NAME OF OPERATOR
Bravo Operating Company

3. ADDRESS OF OPERATOR
P. O. Box 2160, Hobbs, N. M. 88241

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, QR, etc.)
3581 GR

5. LEASE DESIGNATION AND SERIAL NO.
SRM 1182 NM40487738

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 SURVEY OR ARMA
Sec. 29, T-18S-R25E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Change in Status of Well</u>	<input checked="" type="checkbox"/>

(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.

Handwritten mark

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 _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*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

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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 depth. Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

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., E., M., OR BLK. AND SUBST OR AREA Sec 29, T18S-R25E

12. COUNTY OR PARISH Eddy

13. STATE NM

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

APR 17 1989

J. C. D.
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

RIHOOT OR ACIDIZE

REPAIR WELL

(Other) Plug & abandon

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

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.)

- Set CIBP @ 8650'±. Cap with 35' Cement.
- Free point, shoot off and pull 5½" casing. (Est. 8200').
- Displace hole with Salt Gel Mud.
- Set 200' plug. Plug across 5½" casing stub, 100' in & 100' out. Tag this plug.
- Set 100' plug from 5274'-5174' and tag.
- Set 200' plug from 1300'-1100' and tag.
- Set 100' plug from 350'-250'.
- Set 50' plug at surface.
- Clean location, cut off anchor; install dry hole marker and make location ready for inspection.

RECEIVED
APR 23 1989

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

SIGNED [Signature] TITLE Agent DATE April 6, 1989

(This space for Federal or State office use)

APPROVED BY [Signature] FOR CHIEF, LAND RESOURCES DATE 4-13 89

*See Instructions on Reverse Side