

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

JUL 23 1992

WELL API NO. 30-015-21850
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-12 and K-6775
7. Lease Name or Unit Agreement Name Mesa Macho Comm.
8. Well No. 1
9. Pool name or Wildcat Burton Flat Morrow

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator Bravo Operating Company
3. Address of Operator P. O. Box 2160, Hobbs, N. M. 88241
4. Well Location Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line Section 24 Township 20S Range 27-E NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3349' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: Test New Zones <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

1. Set Cast Iron Bridge Plug @ 10,950' w/ 35' cement Cap
2. Perforate Strawn 10,136' - 10,145'
3. Treat As Necessary

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

SIGNATURE Gary Fonay TITLE Consultant DATE 7-21-92
TYPE OR PRINT NAME Gary Fonay TELEPHONE NO. 505-392-6950

(This space for State Use)

ORIGINAL SIGNED BY
KIM WILLIAMS
SUPERVISOR, DISTRICT II

JUL 30 1992

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: Pending NSL Approval