

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

WELL API NO.

30-015-21850

5. Indicate Type of Lease

STATE ☒

FEE ☐

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

Saladar Strawn

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 ☐

GAS  
WELL ☒

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:

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 ☐

Abandon Burton Flat Morrow-Recomplete ☒

OTHER: ☐  
in Saladar Strawn

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 @ 10,850' w/35' cmt. cap

2. Perforated 10,136' - 10,145', acidized w/3000 gals 15% HCL-NE-FE

3. Test: Oil - 151 Bbls.  
Gas - 1233 MCF  
Water - 0

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 6-3-93

TYPE OR PRINT NAME

Gary Fonay

TELEPHONE NO. 505-392-6950

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

TITLE

DATE

JUN 30 1993

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: