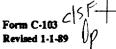
Submit 3 Copies to Appropriate District Office

State of New Mexico



TELEPHONE NO. (505)392-2112

Energy, Minerals and Natural Resources Department **OIL CONSERVATION DIVISION** DISTRICT I WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 208RECEIVED Santa Fe. New Mexico 87504-2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE FEE FFB 21 '90 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. LG 12 SUNDRY NOTICES AND REPORTS ON WELLSO. C. D. (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN CRESHIP AND A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) Man Macho bone Type of Well: WELL | GAS WELL X OTHER 2. Name of Operator 8. Well No. 2 Bravo Operating Co. 9. Pool name or Wildcat 3. Address of Operator P.O. Box 2160, Hobbs, NM 88241 Burton Flat Morrow 4. Well Location North Line and 1980 East Unit Letter __ G : __ 1980 Feet From The Feet From The Eddy 27E Section Township Range **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3350 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: OTHER: 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. Set CIBP @ 11,200'± cap with 35' cement. Shoot and pull 5½" csg. 100 9630-4530 Top of Penn 2. Displace hole with Salt Gel mud. Set 100' cement across $5\frac{1}{2}$ " csg. stub. Set 35 sx plug from 6280-6180 (2nd Bone Springs) Set 35 sx plug from 4732-4632 (1st Bone Springs) Set 35 sx plug from 2650-2550 across 9 5/8" casing, shoe @ 2600'. Set 35 sx plug from 710-610 across 13 3/8" casing, shoe @ 660'. Set 10 sx plug at surface. Clean location, set dry hole marker. Get location ready for inspection by OCD, I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE 2/12/90 SIGNATURE -

(This space for State Use)

TYPE OR PRINT NAME J.T. Janica

THE AND SAL INSPECTOR CONDITIONS OF APPROVAL, IF ANY: