			30-025-009	176
ud. of theirs acceives	) OIL CONSERV.	ATION DIVIS	-	
DISTRIBUTION	P- O. BC	DX 2088		Form C-103
SANTA FE	SANTA FE, NE	W MEXICO 87501	•	Revised 10-1-78
FILE			So. Indicate	Type ci Lrose
U.1.G.S.			State 7	
LAND OFFICE	4			
DPERATOR	J			6 Gos Leose No. V-2469
(DO NOT USE THIS FORM FOR PRO USE "APPLICAT	RY NOTICES AND REPORTS OF	N WELLS BACK TO A DIFFERENT RESERV UCH PROPOSALS,)	01A.	
	other. Reentry - J &	A	7. Unit Agr	eement Nome
2. Name of Operator				Lease Name
Bright & Company				e LW
3. Address of Operator				
3200 W. Cuthbert, Suite 2-C; Midland, Tx. 79701				
4. Location of Well			10. Field a	nd Pool, or Wildcat
Н 19	080 North	660	WC	
UNIT LETTER	FLET FROM THE	LINE AND	- FEET FROM	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
East	2	0-S 33-E		
THE LINE, SECTI	ON' TOWNSHIP	RANGE	имрм. ())))	://///////////////////////////////////
	15. Elevation (Show whethe 4257 KB	:r DF, RT, GR, etc.)	12. County Lea	
16. Check	Appropriate Box To Indicate	Nature of Notice, Re-	oort or Other Data	
	NTENTION TO:		BSEQUENT REPORT	OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK COMMENCE DRILLING OPHS CASING TEST AND CEMENT OTHER	. 🗍	ALTERING CASING
OTHER	C	]		
17 Describe Proposed or Completed Or	perations (Clearly state all pertinent de	stails and sive pertinent dat	es including estimated da	le of starting any proposed

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1963.

Operator was unable to successfully reenter this well as casing was found to be parted and collapsed @ 442'. Well was plugged and abandoned as per NMOCD instructions as follows:

110 sxs @ 442'

-

50 sxs @ 230-430' 10 sxs @ surface

Location has been cleaned, pits covered, dry hole marker reinstalled, and is ready

for inspection.

.

18. I here by certify that the information above is true and	complete to the best of my knowledge and belief.	
15+10 ALLA	- Malant	- 1/21/59
ACONCITION AF THOUSAL IF ALVI	OIL & GAS INSPECTOR	OCT 2 4 1989
CONDITICNS OF AFPROVAL, IF ALT		٤



·

• • • • • • RECEIVED

ł

JAN 25 1989

ocd Hobbs offi**gi** 

1: