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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Unit Agreement Name
2. Name of Operator Bright and Company	8. Farm or Lease Name Cook "A"
3. Address of Operator 2911 Turtle Creek Blvd., Suite 700, Dallas, Texas 75219	9. Well No. 1
4. Location of Well UNIT LETTER <u>0</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1930</u> FEET FROM THE <u>East</u> LINE, SECTION <u>31</u> TOWNSHIP <u>9-S</u> RANGE <u>34-E</u> NMPM.	10. Field and Pool, or Wildcat Abo Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 4228.4 GR 4240 KB	12. County Lea

16. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	

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 1103.

Drld 7 7/8" hole to 9085' (TD). Ran, set and HALCO cmt 231 jts 4 1/2" O.D. 11.6# J-55 & N-80, LTC, drifted & tstd, used, smls csg @ 9078' KB w/ 1400 sxs HALCO Lite cmt + 6% HALAD 322 followed by 325 sxs Premium cmt + 6% HALAD 322 + 3.5# salt. Displaced w/ 141 bbls fresh water w/ 12 gals Clay-fix II added. BP @ 4:30 A.M., 8/1/90 w/ 1800#. Check for flow, held ok. Preceded cmt w/ 500 gals Superflush 102. Ran 10 centralizers. WOC 76 hrs.

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

SIGNED Tracy D. Tomison TITLE Engineer DATE 8/9/90

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: