

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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SANTA FE	
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U.S.O.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐ Fee ☒

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

OIL WELL ☒ GAS WELL ☐ OTHER ☐

6. Name of Operator

Bravo Energy, Inc.

7. Address of Operator

Box 2160, Hobbs, New Mexico

8. Location of Well

UNIT LETTER D 99D FEET FROM THE North LINE AND 660 FEET FROM
THE West LINE, SECTION 18 TOWNSHIP 18 RANGE 38 NMPM.

7. Unit Agreement Name

8. Farm or Lease Name

Hardin B

9. Well No.

3

10. Field and Pool, or Wildcat

Hobbs

15. Elevation (Show whether DF, RT, GR, etc.)

3674 GL

12. County

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CHANGE PLANS ☐

CASING TEST AND CEMENT JOBS ☐

OTHER ☐

7. 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.

Your letter of June 8, 1984, requested that we repair the indicated casing leak.

We plan to start this remedial work on Monday, June 25, 1984. Our procedure is as follows:

1. Locate and isolate the casing leak.
2. Squeeze with 200 sx Class C with 2% CaCl₂
3. WOC 24 hrs.
4. Drill out and test for shut off.

Your office will be notified and kept informed on each stage of the remedial work or you may witness as necessary.

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

SIGNED

TITLE

President

DATE

6-22-84

K. D. MCPETERS

APPROVED BY

ORIGINAL SIGNED BY JERRY SEXTON

TITLE

DISTRICT 1 SUPERVISOR

DATE

JUN 26 1984

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
JUL 12 1984
O.C.D.
HOBBS OFFICE