

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. LC 065525 ✓
2. Name of Operator Bravo Operating Company	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. Box 2160, Hobbs, N. M. 88241 505-397-3970	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Unit N. 4195' FNL & 2310' FWL Section 1, T21S, R37E	8. Well Name and No. Coogan Federal No. 2 ✓
	9. API Well No. 30-025-30469 ✓
	10. Field and Pool, or Exploratory Area Drinkard
	11. County or Parish, State Lea, New Mexico

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other <u>Change in Zones</u>	<input type="checkbox"/> Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Change Zone from Wantz Abo to Drinkard 5-1-93

Set Bridge Plug @ 7023'

Perforated Lower Drinkard - 6916'-6926', 6946'-6952'

Acidized Lower Drinkard w/2000 gals 15% HCL-NE-FE

Perforated Upper Drinkard - 6842'-6851', 6853'-6855', 6879'-6884'

Acidized Upper Drinkard w/2500 gals 15% HCL-NE-FE

Test:

Oil - 5 BOPD

Water-63 BWPD

Gas-TSTM

Shut Well in 5-18-93



SEP 14 1994

14. I hereby certify that the foregoing is true and correct		
Signed <u>Darryl Conway att</u>	Title <u>Consultant</u>	Date <u>9-15-93</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

COPY ✓

RECEIVED

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OFFICE