

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW MEXICO

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC 065525

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	Nov 23 11 27 AM '88	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Bravo Energy, Inc.	CARLSBAD AREA	8. FARM OR LEASE NAME Coogan Federal
3. ADDRESS OF OPERATOR P. O. Box 2160, Hobbs, N. M. 88240		9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit, 4195' FNL, 2310' FWL N		10. FIELD AND POOL, OR WILDCAT Wantz Abo
14. PERMIT NO.	15. ELEVATIONS (Show whether DV, RT, GR, etc.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1 - T21 - R37E
		12. COUNTY OR PARISH Lea
		13. STATE N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) cementing casing <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. 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.) *

Set 5-1/2" K-55 csg 15.5# & 17# LT&C @ 7788'
Cemented first stage with 400 sx 50/50 Poz + 5# Salt per Sx
DV Tool @ 5108'
Second stage Halliburton Light with 700 sx. + 15# salt and 1/4# Flocele per sx
Ran temperature survey, found top of cement @ 2350'.

RECEIVED FOR RECORD

DEC 12 1988

EB

CARLSBAD, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Vice President

DATE 11-21-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side