Form 3160-5 (November 1983) (Formerly 9-331)  UN D STATES  SUBMIT IN TRIP (Other Instructions re- BUREAU OF LAND MANAGEMENTIVE WILLIAM AND MANAGEMENTIME WILLIAM AND MANAGEMEN	Form approved. Budget Bureau No. 1004-013: Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO.  LC-065525
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—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAS WELL OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR  Bravo Energy Inc.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR	Coogan Federal 9. WBLL NO.
P. O. BOX 2160, Hobbs, N. M. 88241  1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*	3
At surface 2875	10. FIELD AND POOL, OR WILDCAT Wantz Abo
990' FWL & <del>28<b>4</b>5</del> ' FNL Sec. 1 -T21S -R37E Unit "L"	11. SEC., T., R., M., OR BLK. AND BURNET OR AREA
14. PERMIT NO. 15 ELEVATIONS (Show whether DF, RT, GR, etc.)  3514 GL 3530 DF	Sec 1- T21S - R37E  12. COUNTY OR PARISH 13. STATE  Lea N. M.
Check Appropriate Box To Indicate Nature of Notice, Report, or O	
North on the state of the state	iner Daid ,
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT  MULTIPLE COMPLETE  FRACTURE TREATMENT  SHOOT OR ACIDIZE  ABANDON*  SHOOTING OR ACIDIZING	ALTERING CASING
REPAIR WELL CHANGE PLANS (Other) Cementing Su	
(Other)  (Note: Report results of Completion or Recompletion of Recompletion o	of multiple completion on Well tion Report and Log form.)  ncluding estimated date of starting any depths for all markers and some perti-
1. Drilled 12-1/4 hole to 1560'	
2. Ran 1560' of 8-5/8 24# J-55 ST&C Csg.	
3. Cemented with 600 sx of Class "C" Cement with additives	•
4. Full circulation throughout job. Circulated 104 sx. ce	ment to pit.
5. W.O.C. 12 hrs. Tested csg and cement @ 1000 psi for 30	min. Held OK
	17.4 7.7 6.7
	773
	Di C
	T T
•	· · · · · · · · · · · · · · · · · · ·
	· •
•	\$ \$ \frac{\xi_1}{\xi_1 \xi_2}\$
8. I hereby certify that the oregoing is true and correct	
signed TitleJ. T. Janica	DATE 8-2-89
(This space for Pederal or State office use)	
APPROVED BY (ORIG. SGD.) DAVID R. GLASSLE CONDITIONS OF APPROVAL, IF ANY:	DATE
CONDITIONS OF BEEN MORRAY AND MARKET THE	

RECEIVED

AUG 28 1989

OCD HOBBS OFFICE