

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instruction  
verse side)

TE-  
re-

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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.)

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
M. Brad Bennett, Inc.

3. ADDRESS OF OPERATOR  
P.O. Box 2062 Midland, TX 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
1980' FS&WL, Sec. 14-25S-29E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3101 GL

RECEIVED  
NOV 1 - '89  
O. I. D.  
REG. OFFICE

5. LEASE DESIGNATION AND SERIAL NO.  
NM-15303

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Corral Draw Unit

8. FARM OR LEASE NAME  
Corral Canyon (Delaware), W.

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
Corral Canyon (Delaware), W.

11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA  
Sec. 14-25S-29E

12. COUNTY OR PARISH  
Eddy

13. STATE  
NM

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(Other) Change of Operator

(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.)

Former Operator: Mobil Producing TX & NM Inc.  
Nine Greenway Plaza Suite 2700  
Houston, TX 77046

Change of operator effective 2/1/87

RECEIVED  
OCT 30 9 06 AM '88

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

SIGNED M. Brad Bennett TITLE President DATE 3/3/87

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side