

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. OIL CONS. PACKAGE
PERMIT AND LOG
(Other instructions reverse side)

Form approved
Budget Bureau No. 1004-6135
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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR Earl R. Bruno 915 685-0113</p> <p>3. ADDRESS OF OPERATOR P.O. Box 590 Midland, Texas 79702</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310 FSL & 330 FEL Unit I</p> <p>14. PERMIT NO.</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2939 DF</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. LC 030167 b</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME McCallister B</p> <p>9. WELL NO. #1</p> <p>10. FIELD AND POOL OR WILDCAT 7 River Scharborough-Yates</p> <p>11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA 25-26S-36E</p> <p>12. COUNTY OR PARISH Lea</p> <p>13. STATE N.M.</p>
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10. 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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(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.)*

It is proposed to P&A as follows:

1. Set CIBP @ 3100 & cap with 35' cement
2. Load hole with 10 ppg brine with 25# salt gel / bbl
- * 3. Cut casing @ free point
4. Set 35 SX stub plug (50' in & out) [TAG]
5. Set 35 SX plug from 1100-1200
6. Set 35 SX plug from 459-559 [TAG] SJS
7. Set 10 SX surface plug
8. Erect marker

* In the event that casing is cut at or about top of salt section, stub plug will serve as salt section plug.

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

SIGNED Jim Gray J.E. Gray TITLE Engineer DATE 8-7-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE PETRO DATE 8-31-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED