

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR  
(Other instructi  
verse side)

CATE  
on re

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-0250

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

K. F. Quail Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

South Lea San Andres

11. SEC., T., R., M., OR BLE. AND  
SURVEY OR AREA

Sec. 1, T20S, R34E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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

Brady W. Production, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 9128, Midland, TX 79708

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

Unit Letter L, 2086' FSL & 556' FWL

14. PERMIT NO.

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

3699' KB 24' AGL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANT ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☒

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATION. (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.)\*

3/4/91 MIRU PU. Pulled pump and tubing. SDON

3/5/91 Tripped in hole w/ 6 3/4" bit and 7" scraper. RIH w/ Halliburton retrievable bridge plug & RTTS packer.

3/6/91 Treated perforations 5679-93' w/ 500 gal. 15% NEFE acid. Swab tested. Moved RBP & Pkr. Treated perms 5564-67' w/ 500 gal. 15% NEFE acid. Swab tested.

3/7/91 Finish swab test. Move RBP & Pkr. Treat perms 5517-29' w/ 500 gal. 15% NEFE acid. Swab tested.

3/8/91 Finish swab test. Move RBP. COH w/ 7" Pkr. RIH w/ 9 5/8" RTTS Pkr. Treated perms 5410-85' w/ 2000 gal. 15% NEFE acid w/ 40 ball sealers. Swab tested.

3/9/91 Finished swab test. COH w/ Pkr. RIH w/ overshot. COH w/ RBP.

3/11/91 RIH w/ tbg. & pump. Hung well on.

AL

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

SIGNED

*Michael Brady*

TITLE

915/687-5045

Vice-President

DATE

3/18/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side