

Form 3160-5  
(August 2007)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.*

5. Lease Serial No. NM NM 0467932  
6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE** - Other instructions on page 2.

1. Type of Well  
 Oil Well     Gas Well     Other  
2. Name of Operator George A. Chase jr DBA; G and C Service  
3a. Address P.O. Box 1618 Artesia, NM 88211  
3b. Phone No. (include area code) (575) 703-6604  
4. Location of Well (Footage, Sec., T.R.M., or Survey Description)  
330' FSL & 660' FEL, Sec. 21-T175-R30E

7. If Unit of CA/Agreement, Name and/or No.  
8. Well Name and No. Brown Crow Fed # 2  
9. API Well No. 30-015-25380  
10. Field and Pool or Exploratory Area  
Grayburg Jackson  
11. Country or Parish, State  
Eddy Co. NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input checked="" type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

- Produced water from this well will be transported to the Shark St. (SWD) for disposals as needed.  
- Double R transport will move the PW.  
- Shark State # 1  
A-30-165-33E  
Lea County, NM  
30-025-37427

NM OIL CONSERVATION  
ARTESIA DISTRICT  
SEP 13 2016  
RECEIVED

14. I hereby certify that the foregoing is true and correct.  
Name (Printed/Typed) Greg Chase Title Op. Admin  
Signature [Signature] Date 7/25/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

ACCEPTED FOR RECORD

AUG 10 2016

[Signature]

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

Approved by \_\_\_\_\_ Title \_\_\_\_\_  
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. Office \_\_\_\_\_

Bureau of Land Management  
Carlsbad Field Office  
620 E. Greene Street  
Carlsbad, New Mexico 88220  
575-234-5972

**WATER PRODUCTION & DISPOSAL INFORMATION**

Brown Crow Fed # 1 of 2

1. Name(s) of formation(s) producing water on the lease.  
Grayburg Jackson
2. Amount of water produced from all formations in barrels per day. \_\_\_\_\_  
8 bbl per day
3. How water is stored on lease. Water tank
4. How water is moved to the disposal facility. Double R transport
5. Identify the Disposal Facility by:
  - A. Facility Operators name. George A. Chase jr. DBA G and C Service
  - B. Name of facility or well name and number. Shark St. # 1
  - C. Type of facility or well (WDW) (WIW) etc. SWD
  - D. Location by  $\frac{1}{4}$   $\frac{1}{4}$  A Section 30 Township 16S Range 33E
  - C. The appropriate NMOCD permit number ~~3620-330~~

Submit to this office, 620 EAST GREENE ST, CARLSBAD NM, 88220, the above required information on a **Sundry Notice 3160-5**. Submit 1 original and 5 copies, within abatement period. (This form may be used as an attachment to the Sundry Notice.)