

Form 9-331
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. N.M. 25418	
2. NAME OF OPERATOR The Maurice L. Brown Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Suite 200/ Sutton Place Bldg. Wichita, Kansas 67202		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface UL "M". 660' from South line and 660' from West line.		8. FARM OR LEASE NAME K.G.S.	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4100' KB, 4021.4 GR		10. FIELD AND POOL, OR WILDCAT Vada Penn	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T-9-S, R-36-E	
		12. COUNTY OR PARISH Lea	
		13. STATE N.M.	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Re-entry <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Progress report <input checked="" type="checkbox"/>	

(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.)*

6-18-80

0 oil and 0 water. Rigged up PBCP Services, Inc. Changed pump. Pump sticking. On at 3:30 P.M. Good pump action. Rigged down PBCP Services.

6-19-80

0 water and 0 oil.

6-20-80

0 oil and 1 barrel acid water. D.O.A. Treated with 1500 gallons of Zylene. Shut down for weekend.

6-23-80

Started at 8:00 P.M.

6-24-80

8 barrels of acid water.

6-25-80

0 oil and 1 barrel acid water. Rigged up PBCP Services, Inc. Pulled out of hole with pump. Pump checked O.K. Fished standing valve. Gas anchor broken off. Pulled out of hole with tubing to check mud anchor. Mud anchor was clean.

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

SIGNED Wm. Broesbeck TITLE District Engineer DATE 6-30-80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

JUL 22 1980

OIL CONSERVATION DIV