

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instruction, on re-
verse side)

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM 65441
2. NAME OF OPERATOR TOM BROWN, INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME NA
3. ADDRESS OF OPERATOR P. O. Box 2608, Midland, TX 79702	7. UNIT AGREEMENT NAME NA
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 1980' FEL	8. FARM OR LEASE NAME MADERA FEDERAL "25"
	9. WELL NO. 1
	10. FIELD AND POOL, OR WILDCAT Wildcat
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T-26S, R-34E
14. PERMIT NO.	12. COUNTY OR PARISH Lea
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3197.6 GL	13. STATE New Mexico

16. 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 checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input 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.)*

The designs of the casing strings shown on the approved "Application for Permit to Drill" have been changed. (See attached) The new designs are attached. The changes should be noted on the original "Application for Permit to Drill" and items (b), (c), (d) and (e) of Point 4 in the Drilling Program.

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

SIGNED <u>Steve L. Thompson</u>	TITLE <u>Operations Engineer</u>	DATE <u>January 15, 1987</u>
(This space for Federal or State office use)		
APPROVED BY <u>Org. Supervisor</u>	TITLE _____	DATE <u>1-26-87</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side