

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

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)

990' FINL to 660' FEL, Sec. 21-T17S-R30E

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No.

Brown Crow Fed # 1

9. API Well No.

30-015-25282

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 recompleat 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 recompleat 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 disposal as needed.

- Double R transport will move the PW.

- Shark State #1
A- 30-16S-33E
Lea County, NM
30-025-37427

NM OIL CONSERVATION
ARTESIA DISTRICT
SEP 23 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

Approved by

Title

Office

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.

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

ACCEPTED FOR RECORD

Date Aug 19 2016

[Signature]

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD 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) (WTW) etc. SWD
 - D. Location by $\frac{1}{4}$ $\frac{1}{4}$ A Section 30 Township 16S Range 33E
 - C. The appropriate NMOCD permit number ~~State 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.)