

N.M.O.C.D. COPY

C.S.F

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse 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"/>		AUG 23 1979		5. LEASE DESIGNATION AND SERIAL NO. LC 058181	
2. NAME OF OPERATOR B & J PRODUCTION COMPANY		O. C. C. ARTESIA, OFFICE		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 512 W. Texas Ave. Artesia, New Mexico 88210				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 (N) 330'S, 2310'W, S25, T17S, R27E				8. FARM OR LEASE NAME BRAINARD	
				9. WELL NO. 2	
				10. FIELD AND POOL, OR WILDCAT Empire (Y-SR)	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S25, T17S, R27E (N)	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH Eddy	
				13. STATE N.M.	

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"/>
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) Change of operator <input checked="" type="checkbox"/>	

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) <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.)*

Change of operator from: Betrice Bedingfield
512 W. Texas Ave.
Artesia, New Mexico 88210

AUG 23 1979

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Beth A. Henry TITLE Accountant DATE 8/23/79

(This space for Federal or State office use)

APPROVED BY George H. Stuart TITLE ACTING DISTRICT ENGINEER DATE AUG 23 1979

CONDITIONS OF APPROVAL, IF ANY: