

C/SF

Form 3160-5  
 (June 1990)

UNITED STATES  
 DEPARTMENT OF THE INTERIOR  
 BUREAU OF LAND MANAGEMENT

FORM APPROVED  
 Budget Bureau No. 1004-0135  
 Expires: March 31, 1993

5. Lease Designation and Serial No.  
 LC 050349 A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
 Brooks # 10

9. API Well No.  
 30-015-01426

10. Field and Pool, or Exploratory Area  
 Empire Y-SR

11. County or Parish, State  
 Eddy

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
 Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

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1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
 J D R Ltd.

3. Address and Telephone No.  
 P O Drawer 770, Artesia, NM 88211-0770 505-746-2345

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
 330 N & 990 W (Unit D)  
 Sec 19 T17S R28E

OCT 05 '94

O. C. D.  
 ARTESIA, OFFICE

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*

Repair & return well to production. Work will begin within 60 Days.  
 Well is now reported as OSI and not TA.

RECEIVED  
 SEP 6 11 33 AM '94

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

Signed Joe G. Lapa Title Agent Date 9-2-94

(This space for Remarks) JOE G. LAPA

Approved by JOE G. LAPA Title PETROLEUM ENGINEER Date 10/3/94  
 Conditions of approval, if any: