

UNITED STATES OF AMERICA
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT, NM 88210

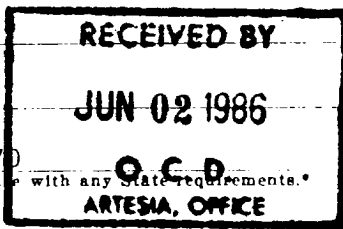
Form approved.
Budget Bureau No. 1004-013
Expires August 31, 1985

OKF

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 <input type="checkbox"/> W. I. W.	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR J D R Ltd.	8. FARM OR LEASE NAME Brooks
3. ADDRESS OF OPERATOR Box 770, Artesia, N. M. 88211-0770	9. WELL NO. 12
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650 N. & 2310 E. 19-17-28 2970	10. FIELD AND POOL, OR WILDCAT Empire-Y-SR
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3602 Gr.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S 19 T 17 R 28	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	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other) Casing Integrity Test	
(Other)		(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.)*

Pressured up on backside of Tubing to 550# W/G & S Hot Oil Trk.
Held pressure on 15 Min. Copy of chart enclosed. Hooked into injection system. Injection Pressure approx. 10#.

ACCEPTED FOR RECORD

Swd
MAY 29 1986

CARISBAD, N.E. MEXICO

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

SIGNED *Carl D. Bell* TITLE General Partner DATE 5-23-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
Subject to
Like Approval
by State

*See Instructions on Reverse Side