		N.M. OI	Cons. Divis	sion .	
erm 3160-5 ugust 1999)	UNITED STATE DEPARTMENT OF THE	s Artesia.	st Streel NM 88210-	SION FORM APPROVED OMB No. 1004-0135 Explices November 30, 2000	
BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON W Do not use this form for proposa's to drill or topic abandoned well. Use Form 3160-0 (APD) for such p			п •	5. Lease Serial No. LC 050349A 6. If Indian, Allottee or Tribe Name	
	HIPLICATE - Other Inst	ructions on reverse	side	7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well Oil Well Gas Well Other Inj				8. Well Name and No. Brooks # 20	
Name of Operator	R Ltd.			9. API Well No.	
3a. Address 88210 3b. Phone N				30-015-01447 0144/ 10. Field and Pool, or Exploratory Area	
811 Byllock Ave. Artesai, NM 505 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				Empire Y-SR 11. County or Perish, Siste	
Unit C 990 F	rom N. 1734 From	m W. 19-17-28		Eddy, NM	
12. CHECK A	PPROPRIATE BOX(ES)	O INDICATE NATU	RE OF NOTICE, R	EPORT, OR OTHER DATA	
TYPE OF SUBMISSION		TY	PE OF ACTION		
Notice of Intent	Acidize Alice Casing Control Promite	Deepen Fracture Treat New Construction	Production (Stat Reclamation Recomplete	rt/Resume) 🔲 Water Shut-Off U Well Integrity Other	
 Subsequent Report Pinal Abandonment Notice 	Casing Repair Change Plans Convert to Injection	 Plug and Abandon Plug Back 	Temporarily Al Water Disposal	bandon	
testing bas been completed.	Final Abandonment Notices shall	tally, give subsurface locatio rovide the Bond Na. on file lon results in a multiple comp l be filed only after all requi	rements, including reci	amation, have been completely the total of	
T D 580 Plug. WOC	+- plan to ru	n tubing to a sing full of lines. Clean	erments, locluding feed prox 575' a Cement afte location.	er tagging Plug. Location is on	
T D 580 Plug. WOC Set marke the edge	+- plan to ru 6 Hrs. Pump Ca r. No Electric	n tubing to a sing full of lines. Clean location with	erments, locluding feed prox 575' a Cement afte location.	and set 10 sk. er tagging Plug. Location is on	
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