

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.
Brooks LC050349A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Brooks # 7

9. API Well No.
30-015-01432

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

RECEIVED

OCT 11 '94

O. C. D. -
ARTESIA, OFFICE

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

2. Name of Operator
J D R Ltd.

3. Address and Telephone No.
Box 770, Artesia, NM 88211-0770

505-746-2345

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
2310 from North & 990 from ~~East~~ ^{West} (Unit E) 19-17-28

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 checked="" type="checkbox"/> Other <u>Return to Production</u>
	<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.)*

We plan to return this well to production within the next 45 days.
Plan to re-run Rods & Tubing and put well on production.
Well is now reported as OSI & not TA.

SEP 11 33 AM '94

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

Signed [Signature]

Title Agent

Date 9-2-94

(This space for Federal or State office use)

Approved by (ORIG. SGD.) JOE G. LARA

Title PETROLEUM ENGINEER

Date 10/5/94

Conditions of approval, if any: