

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN ☐ REPLICATE*
(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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Thornton Hepper	8. FARM OR LEASE NAME Bradley Federal
3. ADDRESS OF OPERATOR Box 121 Mentone, Texas 79754	9. WELL NO. 8
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NW/4 of SE/4	10. FIELD AND POOL, OR WILDCAT Black River (Del.)
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 11, T24S, R26E
15. ELEVATIONS (Show whether DF, RT, G, etc.) ARTESIA, OFFICE	12. COUNTY OR PARISH Eddy
	13. STATE NM

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AUG -2 '90

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

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 checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

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.) *

6-25 Rig up - pull rods & tbg.

Check well for TD

Run packer on "work string tbg."

Check well for amount of pressure to inject produced water

If pressures OK - begin procedure to permit well as SWD

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JUN 26 10 24 AM '90
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18. I hereby certify that the foregoing is true and correct

SIGNED Thornton Hepper TITLE Owner

DATE 6-23-90

(This space for Federal or State office use)

APPROVED BY Adrian Salameh
CONDITIONS OF APPROVAL, IF ANY:

TITLE PERMISSION

DATE 8-7-90