FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

TED STATES U TED STATES SUBMIT IN TRI DEPARTMENT OF THE INTERIOR (Other Instruction verse side)

N. M.

'ATE'

FRACTURE TREATMENT

(Other) _

SHOOTING OR ACIDIZING

Form approved. Budget Bureau No. 42

GEOL	OGICAL.	SURVEY
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5.	LEASE	DESIGNATION	AND	BERIAL	NO.
	93	392		*	V

		6. IF INDIAN, ALLOTTER OR TRIBE NAME	
	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.		7. UNIT AGREEMENT NAME	
	OIL GAS WELL OTHER REGEIVED		
2.	NAME OF OPERATOR REGIONAL	8. FARM OR LEASE NAME	
	Brainerd Corporation -	Federal	
8.	ADDRESS OF OPERATOR MAD 1974	9. WELL NO.	
	P. O. Box 1936 Roswell, New Mexico 88201	ן ו	
4.	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.	10. FIELD AND POOL, OR WILDCAT	
	See also space 17 below.) At surface	Wildcat 7 C all V	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
	660' FNL & 1980' FEL of section 4	002.22 42 222	
		Sec. 4, T. 23S, R 22E	
14.	PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, OR, etc.)	12. COUNTY OR PARISE 13. STATE	
	4488GR	Eddy N. M.	
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or C	Other Data	
	· · · · · · · · · · · · · · · · · · ·	SEQUENT REPORT OF:	
	TEST WATER SHUT-OFF PUBLISHED ALTER CASING X WATER SHUT-OFF	REPAIRING WELL	

(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 sones pertinent to this work.) *

<u>Hole Size</u>	<u>Casing</u>	WT/FT	<u>Depth</u>	Cement	•
17-1/2"	12-3/8"	35	250	225sx -	circulated

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS



ALTERING CASING

ABANDONMENT*

II S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO

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18. I hereby certify that the foregoing is true and cor	rect	
SIGNED KCHRUENOV	TITLE Agent	DATE Feb. 27, 1974
(This space for Federal protate face use)		
APPROVED AR CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE

*See Instructions on Reverse Side