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### APR 4 1974 2. NAME OF OPERATOR Brainerd Corporation 3. ANDERS OF OPERATOR P O BOX 1936 ROSWell, N. Mexico 88201 APRELA, OFFICE 1. LOCATION OF WELL (Report libeation clearly and in accordance gith any State requirements.* See also space 17 below.) AT SHIFTER 660' FNL & 1980' FEL of Section 4 14. PERMIT NO. 16. ELEVATION O (Show whether BF, NT, OR, etc.) 17. OFFICE APRENT SHOT-OFF PRACTICE TREAT SHOTON ACTORES BRIDGE ABANDOS* BREAT WATER SHUT-OFF PRACTICE TREAT BREAT WATER CASING ALDERS CASING ALDERS CASING ALDERS CASING CASING ALDERS TREATMENT SHOOTING OR ACTORES BREAT WATER TREATMENT ABANDOS* CHANGE PLANS (Other) Yellow Jacket 17. OFFICE AREA NAME THE MEXICO AS A CONTROLL TREATMENT ABANDOS* BREAT WATER TREATMENT ABANDOS* BREAT WAT	(1% not use	this form for proposal	a to dutil on to door	on or place book A	o a different reservoir.		INDIAN, ALLOTTES	
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660' FNL & 1980' FEL of Section 4 11. BEC, T. R. M., DO BER, ADD 12. CHECK Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TAST WATER SHUT-OFF FRACTURE TRAFFER THE TOTAL ALTER CASING BIRDATE REPORT OF: THE TRAFF WELL CHANGE PLANS (Other) CHANGE PLANS (Other) CHANGE PLANS (Other) CHANGE PLANS (Other) TI UNIX HIBER PROPOSED OR CONFILETED OPERATIONS (Clearly state all pertinent details, and give pertinent) Report and Log form.) 11. INIX HIBER PROPOSED OR CONFILETED OPERATIONS (Clearly state all pertinent details, and give pertinent details, and give pertinent set including seguinated date of starting an proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones pertinent date. 27-74 BOP, Hydril and head makeup tested by Yellow Jacket 1 leaking valve repaired. Test approved by Yellow Jacket operator.	P 0 Box 19 4. LOCATION OF WEI See also space 1	Roswell,	N. Mexico 8	8201 ce with any State	ARTESIA, DEFICE	10. FI	ELD AND POOL, OF	R WILDCAT
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FARATCHER TREAT MULTIPLE COMPLETE ABANDON* CHANGE PLANS (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting an perturb of his work.) 27-74 BOP, Hydril and head makeup tested by Yellow Jacket 1 leaking valve repaired. Test approved by Yellow Jacket operator.		1980' FEL of	Section 4	k			Wildcat	BLK. AND
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18. I hereby certify that the foregoing is true and correct SIGNED	TITLEAgent	DATEMarch 28, 1974
(This space for Pederal or State office use)	TITLE	DATE

*See Instructions on Reverse Side