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lp

OIL CONSERVATION DIVISION

DISTRICT I
P. O. BOX 1980, HOBBS, NM 88240

P. O. BOX 2088
SANTA FE, NEW MEXICO 87504-2088

DISTRICT II
P. O. DRAWER DD, ARTESIA, NM 88210

DISTRICT III
1000 RIO BRAZOS RD., AZTEC, NM 87410

WELL API NO. 30-015-23833
5. INDICATE TYPE OF LEASE STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. STATE OIL & GAS LEASE NO. 19371
7. LEASE NAME OR UNIT AGREEMENT NAME BRANTLEY COMM.
8. WELL NO. 1
9. POOL NAME OR WILDCAT EAST LOVING - BRUSHY CANYON

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. TYPE OF WELL:
OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
RB OPERATING COMPANY

3. ADDRESS OF OPERATOR
601 N. MARIENFELD, SUITE 102, MIDLAND, TX 79701

4. WELL LOCATION
UNIT LETTER M : 554 FEET FROM THE SOUTH LINE AND 1874 FEET FROM THE WEST LINE
SECTION 23 TOWNSHIP 23S RANGE 28E NMPM EDDY COUNTY

10. ELEVATION (SHOW WHETHER DF, RKB, RT, GR, ETC.)
3004'

11. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER <input type="checkbox"/>	PLUG & ABNDNMT <input type="checkbox"/>
	CASING TEST & CEMENT JOB <input type="checkbox"/>
	OTHER <input type="checkbox"/>

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. (CLEARLY STATE ALL PERTINENT DETAILS, AND GIVE PERTINENT DATES, INCLUDING ESTIMATED DATE OF STARTING ANY PROPOSED WORK). SEE RULE 1103.

1. SET CIBP @ 5800' (THIS PLUG WAS SET ON 12-19-94)
2. PLACE 35' CEMENT ON CIBP @ 5800'.
3. 100' PLUG FROM 3025-2925'. -TAG
4. 100' PLUG FROM 2380-2280.
5. 100' PLUG FROM 1890-1790'.
6. 100' PLUG FROM 550-450'. -TAG
7. 10 SACK PLUG AT SURFACE.

PER TIM GUM'S RECOMMENDATION.

RECEIVED

APR 3 1995

OIL CON. DIV.
DIST. 2

I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE Tim Goudeau TITLE REGION MANAGER DATE 3-30-95
TYPE OR PRINT NAME TIM GOUDEAU TELEPHONE NO. (915) 682-009

(THIS SPACE FOR STATE USE)

APPROVED BY _____ TITLE _____ DATE APR 4 1995
CONDITIONS OF APPROVAL, IF ANY: _____