

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instructio
verse side)

DATE
n re

Budget Bureau No. 1004-0115
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO. *dsf*

NM-17232

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Big Sinks Fed. Com.

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated (Atoka)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 35, T-25-S, R-31-E

12. COUNTY OR PARISH 13. STATE

Eddy

TX

1. OIL ☐ WELL GAS ☒ WELL OTHER ☐
2. NAME OF OPERATOR M. Brad Bennett, Inc. ✓
3. ADDRESS OF OPERATOR P.O. Box 2062 Midland, TX 79702
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
660' FNL & 1980' FEL of Sec. 35, T-25-S, R-31-E, N.M.P.M.

RECEIVED

APR 30 1991

O. C. D.
ARTESIA, OFFICE

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

RT 3350

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.) *

Propose to abandon Atoka (14348 - 14391) and test the Wolfcamp (13140 - 13254). Plan to move in Pulling unit, pull tubing and set CIBP @ 14162', and cap with 85 cement plug. RIH w/tubing and packer, set packer at approximately 12976'. Perforate and Flow test well. Acidize interval if necessary.

50' sds

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

SIGNED [Signature] TITLE Petroleum Engineer

DATE 4/1/91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 4/26/91

*See Instructions on Reverse Side