

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
reverse side)

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Form approved.
Budget Bureau No. 1-001-0015
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NMNM-11039

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Brushy 12 A Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Brushy Draw Delaware

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

Sec 12 T26S R29E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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.)

RECEIVED

MAY - 8 1991

O. C. D.
ARTESIA, OFFICE

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Central Resources, Inc.

3. ADDRESS OF OPERATOR

1776 Lincoln St., Suite 1010 Denver, CO 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

630' FWL & 2021' FNL

Unit E SW/4 NW/4

14. PERMIT NO.

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

2978.5' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)*

FORMER OPERATOR:

The Petroleum Corporation of Delaware
3131 Turtle Creek Blvd, Suite 400
Dallas, TX 75219-5415

CHANGE OF OPERATOR EFFECTIVE:

XXXXXXXXXXXX April 1, 1991

NOT RECORDED FOR RECORD

MAY 07 1991

NOT RECORDED FOR RECORD

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side