

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
reverse side)

TE*

Form approved:
Budget Bureau No. 10-10-1-1
Expires August 31, 1985

5. LEASE DESIGNATION (AND SERIAL NO.)

NMLC-071066

6. IF INDIAN, ALLOTTEE 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. 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

RECEIVED

MAY - 8 1991

O. C. D.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Brushy 12 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

Eddy

13. STATE

NM

14. PERMIT NO.

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

3019.4' GR 3027.7' KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

☐
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☐
☐

(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:

~~XXXXXX~~ April 1, 1991

FILED FOR RECORD

MAY 07 1991

EDDY COUNTY, NEW MEXICO

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