Form 9-331 (May 1963)

16.

UNITED STATES NM 011 COMMISSIONE OF THE INTERNOR Verse side)

5.	LEASE	DESIGNATION	AND	SERIAL	N

88210

LC 068127 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

UNDRY	NOTICES	AND	KEPOK15	ON	WELLEGE	CEIVED
(Do not use this form for	or proposals to	drill or to	deepen or plug	back to	a different	reservoir.

(Do not use this form for proposa Use "APPLICAT	ls to drill or to deepen or plug bac TON FOR PERMIT—" for such prop	k to a different reservoir. osals.)	7. UNIT AGREEMENT NA	V.P.
OIL GAS OTHER		MAR 08 '89	8. FARM OR LEASE NAM	
2. NAME OF OPERATOR Brady W. Production, Ir	nc. V	O. C. D.	Éngland Fede	
B. ADDRESS OF OPERATOR P.O. Box 9128. Midland	Texas 79708	artesia, office	9. WELL NO.	D. NYLL DOAD
4. LOCATION OF WELL (Report location clease also space 17 below.) At surface 660 ft. from the South	arly and in accordance with any St		Linda San A 11. SEC., T., E., M., OR F SURVEY OR AREA	indres
Unit Letter N			Sec. 29, TWP. 6	
14. PERMIT NO. N/A	15. ELEVATIONS (Show whether DF, B	T, GR, etc.)		New Mexico

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

TEST WATER SHUT-OFF PULL OR ALTER CASING MULTIPLE COMPLETE SHOOT OR ACIDIZE REPAIR WELL (Other) WATER SHUT-OFF REPAIRING WELL FRACTURE TREATMENT SHOOTING OR ACIDIZING ABANDON* (Other) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:				
(Other)	FRACTURE TREAT SHOOT OR ACIDIZE		MULTIPLE COMPLETE ABANDON*		FRACTURE TREATMENT SHOOTING OR ACIDIZING		ALTERING CASING ABANDONMENT* aultiple completion on Wei 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.) *

Request approval to vent Casinghead Gas from this well. Well produces a very small amount of gas-too small to measure.



18. I hereby certify that the foregoing is true and corr	rect TITLE President	DATE 2-24-89
(This space for Federal or State office age) APPROVED BY	TITLE	APPROVED PETER W. CHESTER
CONDITIONS OF APPROVAL, IF ANY:		MAR 7 1989
	*See Instructions on Reverse Side	BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA