

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Artesia, NM 88210
SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 068127

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

England Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Linda San Andres

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

Sec. 30, TWP. 6S, Rge. 26E

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

1. OIL ☒ GAS ☐ OTHER ☐
WELL WELL

2. NAME OF OPERATOR

Brady W. Production, Inc. ✓

3. ADDRESS OF OPERATOR

P.O. Box 9128, Midland, Texas 79708

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

660 ft. from East Line and 1980 ft. from North Line

Unit Letter H

14. PERMIT NO.

N/A

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

GR. 3688'

18. 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 ☐

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.)*

Request approval to vent Casing Head 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 correct

SIGNED

W. A. Brady

TITLE

President

DATE

2-24-89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER

MAR 7 1989

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE

