

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OFFICE OF THE COMMISSIONER
SUNDRY NOTICES AND REPORTS ON WELLS
Artesia, NM 88210

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

CATE*
OR re-

5. LEASE DESIGNATION AND SERIAL NO.

FEDERAL LC-068127

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

UNION "33" FEDERAL

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

PECOS SLOPE ABO

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

Sec. 33, T6S-R26E, NMPM

12. COUNTY OR PARISH

CHAVES

13. STATE

NEW MEXICO

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.)

OIL WELL ☐ GAS WELL ☒ OTHER

RECEIVED

OCT 18 1989

ARTESIA, OFFICE

2. NAME OF OPERATOR

BRANEX RESOURCES, INC. /

3. ADDRESS OF OPERATOR

P.O. BOX 2328, ROSWELL, NM 88202-2328

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

1880' FSL & 1880' FWL, Sec. 33, T6S-R26E, NMPM
UNIT LETTER K

14. PERMIT NO.

API #30-005-62724

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

3697' GL

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) EXCEPTION TO BOP TEST

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

XX

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 A VARIANCE ON THE REQUIREMENT PURSUANT TO ONSHORE ORDER 2 WHICH REQUIRES THAT THE BOP AND CASING BE TESTED TO 70% OF THE INTERNAL YIELD OF THE CASING. IN THE CASE OF 8 5/8" 24# API CASING THE TEST WOULD BE APPROXIMATELY 2000 PSI. REQUEST THAT THE BOP AND CASING ON THIS WELL BE TESTED TO 1000 PSI. THIS REQUEST IS BASED ON THE FOLLOWING INFORMATION.

1. BOTTOM HOLE RESERVOIR PRESSURES IN THE ABO FORMATION IN THE SURROUNDING WELLS IS APPROXIMATELY 1000 PSI; THEREFORE, SURFACE PRESSURE WOULD BE SOMEWHAT LESS THAN 1000 PSI.
2. THE RIG PUMPS USED ON THE RIG WHICH IS ON LOCATION CANNOT SAFELY PRESSURE UP TO 2000 PSI AND THE COST TO GET AN INDEPENDENT TESTER WOULD BE HIGH.

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

SIGNED

PHELPS WHITE IV

TITLE ENGINEER

DATE 10/16/89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
PETER W. CHESTER
DATE

OCT 16 1989

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side