

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM SUBMIT IN TRIPL. (TE)
(Other Construction Section)
Artesia, NM 88210

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

45F

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
BRANEX RESOURCES, INC. f/k/a Bran Oil Corporation
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, Unit letter K

5. LEASE DESIGNATION AND SERIAL NO.
FED OGL SN LC-068127
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NOV 28 '89
7. UNIT AGREEMENT NAME
O. C. D.
ARTESIA OFFICE
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
SUBVY OR AREA
Sec. 33, T6S-R26E, NMPM
12. COUNTY OR PARISH
Chaves
13. STATE
NM

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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Install gas flowline <input checked="" type="checkbox"/>	

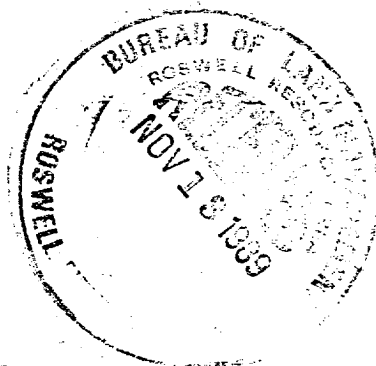
SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

Propose to install a gas flowline, 720' in length from the northeast corner of location, going in an easterly direction following an archaeologically approved route to Comanche Pipeline. The 2 3/8" 7,000 # test tubing will be buried a minimum of 12" deep. The project would begin November 13, 1989 and should take two working days to complete.



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

SIGNED Phelps White IV TITLE Engineer DATE 11/10/89
(This space for Federal or State office use)
APPROVED BY J. B. [Signature] TITLE Supr. Min. Res. Spec. DATE 11/27/89
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side