| Form 3160-5 (September 2001) | UNITED STATE DEPARTMENT OF THE | | NMO | ch | FORM APPROVED OM B No 1004-0135 |
|--|---|---|----------------------|--|--------------------------------------|
| | BUREAU OF LAND MAN | | | bs 5. Lease Seria | Expires: January 31, 2004 al No. |
| SUNDRY | NOTICES AND RE | PORTS ON WE | | NM 54 | 449 |
| Do not use the abandoned w | his form for proposals : vell. Use Form 3160-3 (| to drill or to re-e 'APD) for such pro | enter an oposals. | 6. If Indian | , Allottee or Tribe Name |
| SUBMIT IN TRIPLICATE- Other instructions on reverse side. | | | | 7. If Unit or CA/Agreement, Name and/or No. | |
| I. Type of Well ✓ Oil Well □ □ Gas Well □ □ Other | | | | 8. Well Name and No. Federal 27 #4 | |
| 2. Name of Operator H.L. Brown Operating, L.L.C. | | | | 9. API Well No. | |
| 3a Address 3b. Phone No. (include area code) P.O. Box 2237 Midland, TX 79702 432-683-5216 | | | | 30-041 | 20917 d Pool, or Exploratory Area |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) | | | | N. Bluitt (siluro- Devonian) | |
| 2540' FSL & 1640 FWL', SEC. 27, T-7-S, R-37-E | | | | 11. County or Parish, State Roosevelt, NM | |
| 12. CHECK A | PPROPRIATE BOX(ES) TC | INDICATE NATUR | E OF NOTICE, | REPORT, OF | OTHER DATA |
| TYPE OF SUBMISSION | T | TY | PE OF ACTION | | |
| Notice of Intent | Acidize | Deepen Fracture Treat | Production (| Start/Resume) | Water Shut-Off Well Integrity |
| Subsequent Report | Casing Repair | New Construction Plug and Abandon | Recomplete | A handan | Other Add Devonian Perfs |
| Final Abandonment Notice | Convert to Injection | Plug Back | Water Dispos | | |
| determined that the site is read 7-12-19 RU PU. Drill on 7-16-19 Set CIBP @ 879 7-25-19 Put on rod num | nt CIBP @ 8785'. Swab test for 2'. Perf Devonian 8756-62', 87 5. Tested 33 BO 97 BW 45 MG | rmerly abandoned peri 68-74', 8780- 8 4'. 7F | 's 8800-42'. Recov | - | |
| This readone when the company company company | renired price | or appro | val. | | |
| done W | aurappi | | | | |
| any cement | ·/CIBP placem | entorierna | Nar | | •• •• |
| requires pr | or gipproved | | | | |
| 14. I hereby certify that the for Name (Printed/Typed) Ken Krawietz | egoing is true and correct | | perations Manag | | |
| Signature Mary | Though | Date | | | TED FOR RECORD |
| | THISSPACEFOR | FEDERAL OR S | TATE OFFIC | EUSE | - 1 0 - 2040 |
| Approved by | | | itle | יישר וד | <u>P 1 9 2019</u> Date |
| Conditions of approval, if any, are certify that the applicant holds leg which would entitle/the applicant | al or equitable title those right | does not warrant or | office | BUREAU O | F LAND MANAGEMENT |
| | | a crime for any person ki | nowingly and willful | ly to make to any | department or agency of the United |
| (Instructions on page 2) | | | | | //a |
| | | V | | | ¥2 |
| | | | | • • | ł |