

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
N. M. OIL CONS. COMMISSION  
SUBMIT IN THE  
FOR BOX 1080  
VERSE SIDE  
HOBBS, NEW MEXICO 88240

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

5. LEASE DESIGNATION AND SERIAL NO

NM-0474

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR H. L. Brown, Jr.	8. FARM OR LEASE NAME Federal "A"
3. ADDRESS OF OPERATOR P. O. Box 2237, Midland, Texas 79702	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  Unit P, 990' FSL & 990' FEL of Sec 33, T-7S, R-37E	10. FIELD AND POOL, OR WILDCAT Bluitt (Wolfcamp) Gas
14. PERMIT NO.	11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA Sec 33, T-7S, R-37E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4044.3' GL	12. COUNTY OR PARISH Roosevelt
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Movement of Salt Water <input checked="" 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.)\*

H. L. Brown, Jr. operates the above well which produces approximately 21 bbls of salt water per day. We would appreciate your granting us permission to remove this produced salt water from the well site through a pipeline to our Bluitt Facility and after separation from condensate and gas be removed by truck to a designated Salt Water Disposal Facility.

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

SIGNED Timothy D. Samuel TITLE Production Clerk

DATE 9-22-88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

\*See Instructions on Reverse Side

