

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instruction on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 067192 (A)	
2. NAME OF OPERATOR Tom Brown, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 2608, Midland, Texas 79702		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FWL & 1980' FSL		8. FARM OR LEASE NAME Federal D	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4020' GL		10. FIELD AND POOL, OR WILDCAT Vada Pennsylvania	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T8S, R36E	
		12. COUNTY OR PARISH Roosevelt	
		13. STATE New Mexico	

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"/>	Plug & ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input 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.)*

Cut 4 1/2" csg @ free point *at 7800'*
Spot 40 sxs plug in 4 1/2" stub. *Tag plug*
Spot 40 sxs plug in and out 8 5/8" shoe. *Tag plug*

Cut 8 5/8" csg @ free point.
Spot 60 sxs plug in 8 5/8" stub.
Spot 60 sxs plug in and out of 12 3/4" shoe. *Tag plug*
Spot 10 sxs plug @ surface
Install dry hole marker.

We will notify U.S.G.S. when location is ready for inspection.

Please make any changes necessary and advise.

DEC 24 1981

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

SIGNED W. K. Brannan TITLE Vice President Production DATE 12-16-81

(This space for Federal or State office use)

APPROVED (Sgt. Cpl.) JAMES W. GILLHAM
CONDITIONS OF APPROVAL, IF ANY:

FOR

JAMES A. GILLHAM *See Instructions on Reverse Side
DISTRICT SUPERVISOR

DEC 29 1981