

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 067192-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "D"

9. WELL NO.

1

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 13. STATE

Roosevelt

New Mexico

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Tom Brown, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 2603, Midland, Texas 79702

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

14. PERMIT NO.

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

4020 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) Plug back

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

☒

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.)*

We respectfully request permission to do the following on this well:

1. Set cast iron bridge plug @ 9200' \pm with cement on top.
2. Perforate the Wolfcamp from 9060 to 9070, 9075 to 9082, 9086 to 9090'.
3. Acidize with 5,000 gallons acid \pm .

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

SIGNED [Signature]

TITLE Vice President

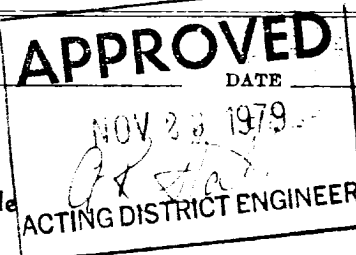
DATE 11-19-79

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side