

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NM 88240
Other Instructions on reverse side

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

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-0328425A
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 810' FNL & 1980' FWL Unit C		8. FARM OR LEASE NAME CITIES FEDERAL
14. PERMIT NO. 30-041-20246		9. WELL NO. #2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4518 GR		10. FIELD AND POOL, OR WILDCAT VADA (PENN)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T8S, R36E
		12. COUNTY OR PARISH ROOSEVELT
		13. STATE N.M.

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 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.)*

1. Reason for P&A - Depleted reserves & uneconomical to produce
2. Set CIBP @ 9600' w/20' of cement on top. (perfs 9748' - 64')
3. Cut & pull 4-1/2" csg @ 7000'. Spot 25' sx cmt 50' in & out of csg stub. Tag plug
4. Cut & pull 2000' of 8-5/8" csg. Spot 40' sx cmt 60' in & out of csg stub. Tag plug
5. Spot 50' sx cmt from 455' to 355' (Surface shoe @ 405') Tag plug.
6. Spot 10' sx cmt @ surface. 50' minimum plug
7. Hole will be loaded with mud.

additional plug: 140' cmt. plug 4070'-3930'. Tag plug.

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

SIGNED

Cortey Under

TITLE PRODUCTION ENGINEER

DATE

1-20-92

(This space for Federal or State office use)

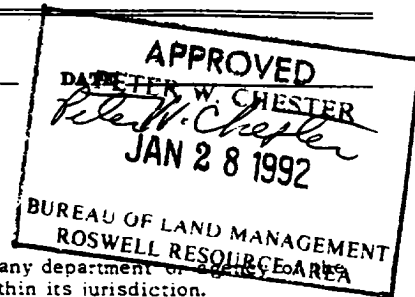
APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

As modified

*See Instructions on Reverse Side



RECEIVED

JAN 31 1992

666
HOBBS OFFICE