

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL CONS. COMMISSION
P. O. BOX 88240
ALBUQUERQUE, NEW MEXICO 88240

Form approved.
Budget Bureau No. 1004-C-85
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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR H. L. Brown, Jr.	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 2237, Midland, Texas 79702	8. FARM OR LEASE NAME Federal "B"
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit J, 1650' FSL and 1650' FEL of Sec 4, T-8S, R-37E	9. WELL NO. 1
14. PERMIT NO.	10. FIELD AND POOL OR WILDCAT Bluitt (Wolfcamp) Gas
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4054.4 GL	11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA Sec 4, T-8S, R-37E
	12. COUNTY OR PARISH Roosevelt
	13. STATE NM

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 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) Movement of Salt Water	<input checked="" 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 10 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 James Samuel TITLE Production Clerk

DATE 9-22-88

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
PATRICK CHESTER

OCT 18 1988

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side