

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. OIL CONS. COMMISSION
P. O. BOX 1000
HOBBS, NEW MEXICO 88240

Form approved.
Budget Bureau No. 1004-(135)
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
H. L. Brown, Jr.

3. ADDRESS OF OPERATOR
P. O. Box 2237, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
Unit G, 1650' FNL & 1650' FEL of Sec 10, T-8S, R-37E

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4039.3 GR

NM-23018

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal "J"

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Bluitt (Wolfcamp) Gas

11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA
Sec 10, T-8S, R-37E

12. COUNTY OR PARISH 13. STATE
Roosevelt NM

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

16. 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) _____

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.)*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

H. L. Brown, Jr. operates the above well which produces approximately 1 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

TITLE Production Clerk

DATE 9-22-88

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE APPROVED
PETER W. CHESTER

OCT 18 1988

*See Instructions on Reverse Side