Submit 3 Copies	State of New Mexico			Form C-103	
to Appropriate District Office	Energy, N cals and Natural Re	esources Department		Revised 1-1-89	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 30-041-2	0530	
<u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease Federal/SWD_STATEFEE	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No. NM12852		
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" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name		
1. Type of Well: OIL GAS WELL WELL				7" Federal	
2. Name of Operator			8. Well No.		
H. L. Brown, Jr. 3. Address of Operator			9. Pool name or Wildcat		
P. O. Box 2237, Midland, Texas 79702 San Andres					
Unit Letter J : 19	80 Feet From The South	Line and198	0 Feet From The	East Line	
Section 27			NMPM Roos	evelt County	
	10. Elevation (Show whether 4047 GR	DF, RKB, KI, GR, etc.)			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
			GOPNS. 🗌 PLU		
PULL OR ALTER CASING CASING TEST AND CASING TE					
OTHER:		OTHER: Spill	of water	X	
work) SEE RULE 1103. Lightning struck the w strike resulted in spl	rations (Clearly state all periment details, and rest 500 bbl salt water to itting the tank and fire e of an estimated 50 bbl e location.	ank sometime a: which spread a	fter 6:00 PM, to the east 50	June 12, 1992. The O bbl tank. The strik	
A vacuum truck was used on 6-13-92 to remove 140 bbls of water from the pooled area, the volume in excess of the 50 bbls of produced water discharged was due to 1 + inches of rain in the area during the night of the storm.					
The BLM was notified o					
	was utilized to clean u e burnt and damaged fibe		ion the top so	il area effected as	
The dike will be repai	red prior to returning t	the facility to	operational s	tatus.	
I hereby certify that the information above is t	rue and complete to the best of my knowledge and	belief.			
SKONATURE Matt Do	fferm	Production En	ngineer	date <u>6/16/92</u>	
TYPE OR PRINT NAME Matt Do	U ffer	·		TELEPHONE NO. 915-693-5216	
(This space for State Use)				JUN 1 8 1997	
APPROVED BY FOR RE	CORD ONLY	LE		DATE	

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