

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL & GAS COMM. 9N
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

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

5. LEASE DESIGNATION AND SERIAL NO.
NM 69680

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR H. L. Brown, Jr.	8. FARM OR LEASE NAME Federal "28" A Com
3. ADDRESS OF OPERATOR P. O. Box 2237, Midland, Texas 79702	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 660' FEL of Section 28, T-7-S, R-37-E, Unit A	10. FIELD AND POOL, OR WILDCAT North Bluit (Siluro Devonian)
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4062.6 GR
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 28, T-7-S, R-37-E
	12. COUNTY OR PARISH Roosevelt
	13. STATE New Mexico

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

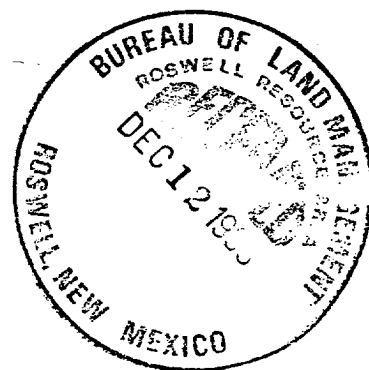
SUBSEQUENT REPORT OF:

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.) *

Ran 8-5/8" 24# & 32# K-55 casing. Set at 3863'. Cemented with 1400 sacks Lite cement with 15# salt and 1/4# Flocele/sack. Tailed in with 200 sacks Premium Plus cement w/2% CaCl. PD at 8:15 p.m. 12-08-90 MST. Circulated 50 sacks cement to surface. WOC 12 hours. Cutoff casing and nipple up wellhead and BOP. Casing and BOP pressure tested to 1500 psi. Held ok. BLM notified but did not witness.



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

SIGNED Mark A. Bosch

TITLE Production Engineer

DATE 12/11/90

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE _____

DEC 19 1990

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE CENTER
NEW MEXICO

*See Instructions on Reverse Side