

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE

(Other instructions on reverse side)

Budget Bureau No. 1004-0  
Expires August 31, 1985  
LEASE DESIGNATION AND SERIAL  
NM 067707

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 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 T. M. Federal
3. ADDRESS OF OPERATOR P. O. Box 2237, Midland, TX 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' FSL & 660' FEL, Sec 17, T-8-S, R-31-E Unit letter P. Chaves County, New Mexico	10. FIELD AND POOL OR WILDCAT Siete (San Andres)
14. PERMIT NO.	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec 17, T-8-S, R-31-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4208.5 GR	12. COUNTY OR PARISH Chaves
	13. STATE NM

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

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) Notification of spill <input checked="" 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.)\*

On March 1, 1993 the flowline on the pumping well pressured up and the stuffing box blew out allowing the spill of approximately 1 barrel of oil and 3 barrels produced water. Due to high winds, fluid traces were blown across the wellsite and into the surrounding pasture.

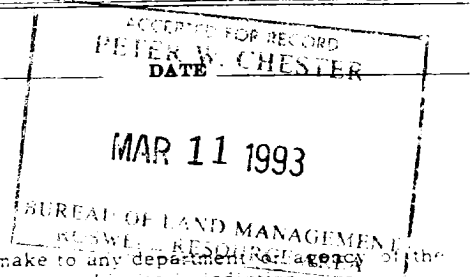
Repairs were made to the stuffing box and the surrounding area was cleaned up. To help prevent any future spills the flowline was treated with hot water and soap to clean out any obstructions. The surface owner was notified as was the New Mexico Oil Conservation Division on March 2, 1993.



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

SIGNED Robert K. Wilson TITLE Production Engineer DATE March 5, 1993  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side

