

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL & GAS COMMISSION
PERMIT TO DRILL
(Other instructions on reverse side)
HOBBS, NEW MEXICO 88240

Form approved.
Budget Bureau No. 1004-13
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 067707

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 T. M. Federal
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' FSL & 660' FEL, Sec 17, T 8S, R 31E, Unit Letter P Chavez County, New Mexico	10. FIELD AND POOL, OR WILDCAT Siete (San Andres)
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 17, T8S, R31E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4,208.5 G.L.	12. COUNTY OR PARISH Chavez
	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) R.O.E. for H ₂ S in Gas	
(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.)*

Measured H₂S concentration @

Vent Line 1.63%
Oil Tank 1.00%

Measured Gas Flow Rate @

Vent Line Q = 15 MCFPD
Oil Tank Q ≈ 1 MCFPD

100 PPM ROE @

Vent Line = (1.589 X 15000 X .0163) .6258 = 41.7 Feet
Oil Tank = (1.589 X 1000 X .01) .6258 = 5.6 Feet

500 PPM ROE @

Vent Line = (.4546 X 15000 X .0163) .6258 = 19.1 Feet
Oil Tank = (.4546 X 1000 X .01) .6258 = 2.6 Feet

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

SIGNED Mark A. Sosch TITLE Production Engineer DATE 12/24/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

RECORDED FOR RECORD
PETER W. CHESTER
DATE

JAN 17 1992

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side

RECEIVED

JAN 22 1992