

UNITED STATES N. M. DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT HOBBS, NEW MEXICO 88240

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

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 checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. N.M.-65342	
2. NAME OF OPERATOR TOM BROWN, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. BOX 2608, MIDLAND, TEXAS 79702		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FWL & 1980' FSL, NE/4SW/4, Unit Letter K		8. FARM OR LEASE NAME Middlebrook 3	
14. PERMIT NO. Dated 12-30-86		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4,094' GR		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T10S, R30E	
		12. COUNTY OR PARISH Chaves	13. STATE N.M.

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"/>
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)	

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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other)	

(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.)\*

3-3-87 TIH w/ CIBP & set @ 9,465'.  
3-4-87 RU & perf Abo Formation from 7,430' to 7,460' (2 SPF, .41" holes).  
3-6-87 Acidize Abo perms w/ 6,000 gal 20% HCL & 2,000 gal gel wtr.  
3-7-87 Flow well.

CONFIDENTIAL

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

SIGNED Steve L. Thomson

TITLE Operations Engineer

DATE 4/16/87

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

ACCEPTED FOR RECORD  
PETER W. CHESTER

DATE \_\_\_\_\_

APR 29 1987

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

\*See Instructions on Reverse Side

RECEIVED

MAY 13 1988

CCO  
HODUS OFFICE