

NEW MEXICO OIL CONSERVATION COMMISSION

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SANTA FE	
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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. OG-682

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.)

1. OIL <input type="checkbox"/> WELL GAS <input type="checkbox"/> WELL OTHER- Dry Hole	7. Unit Agreement Name
2. Name of Operator Tom Brown Drilling Company, Inc.	8. Farm or Lease Name Union State
3. Address of Operator c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER G 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 14 TOWNSHIP 16 S RANGE 34 E NMPM.	10. Field and Pool, or Wildcat Undes. Kildam Penn
15. Elevation (Show whether DF, RT, GR, etc.) 4082 KB	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☒
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

To confirm verbal approval from Eric Engbrecht to R. J. DePaul
May 7, 1967 to plug as follows:

25 sacks @ 10,838
25 sacks @ 9800
25 sacks @ 8100
25 sacks @ 7300
25 sacks @ 6120
25 sacks @ 4680
25 sacks @ 2900
25 sacks @ 1750
25 sacks @ 450
10 sacks @ surface with regulation marker.

Location to be cleared and levelled.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

BY H. L. Smith TITLE Agent DATE 12/28/67
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____