

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-33678
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name North Feather State Unit
2. Name of Operator H. L. Brown, Jr.	8. Well No. #2
3. Address of Operator P O Box 2237, Midland, TX 79705	9. Pool name or Wildcat (96195) North Feather Morrow Gas
4. Well Location Unit Letter <u>I</u> : <u>1340</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line Section <u>9</u> Township <u>15S</u> Range <u>32E</u> NMPM Lea, NM County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4301 GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

12. 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.

3/30/97 MIRU Peterson Rig #1; Spud 17 1/2" hole @ 8:30PM. Run 12 joints 13 3/8" csg, set @ 535'; cmt w/500 sx C1 "C", circ to surface; WOC 18 hrs.

4/1/97 Test Wellhead & BOP To 700#.

4/5/97 Drlg @ 3966'.

4/6/97 Drlg @ 4050'. Run 100 jts 8 5/8", set @ 4050'; cmt w/1400 sx C1 "C" cmt, circ 50 sx C1 "C" cmt.

4/7/97 WOC 17 hrs; NU BOP & test to 1500#.

4/8/97 Drlg @ 4860'.

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

SIGNATURE Phyllis R. Gunter TITLE Prod Analyst DATE 4/8/97

TYPE OR PRINT NAME

TELEPHONE NO. 915-683521

(This space for State Use)

APR 17 1997

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: