

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FOR NUMBERING
OF COPIES REQUIRED
(Other instructions
verse side)

BLM Roswell District
Modified Form No.
NM60-3160-4

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"/>		3a. Area Code & Phone No. 915-699-7367		5. LEASE DESIGNATION AND SERIAL NO. NM-0240	
2. NAME OF OPERATOR Brady W. Production, Inc.				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 9128, Midland, Texas 79708				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 Unit Letter L, 2086' FSL and 556' FWL				8. FARM OR LEASE NAME K.F. Quail Fed.	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3699' KB 24' AGL		9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT South Lea San Andres	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T20S, R34E	
				12. COUNTY OR PARISH Lea	
				13. STATE N.M.	

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

NOTICE OF INTENTION TO:

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) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

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 type="checkbox"/>	ABANDONMENT* <input 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.)*

1/2 to 1/16, 1990 - Replace Texaco test equipment by installing the following

surface equipment:

160 Trico Pumping Unit W/25 HP motor and #3 control panel
4 x 20 Heater Treater
300 bbl. water tank covered with netting
210 bbl. stock tank
connected from wellhead by 2" flo lines

Existing equipment:

5688', 2 7/8" Rd., J 55, tubing, seating nipple, 30' mud anchor
2 1/2 x 1 1/2 x 20' RHBC Pump
3850' x 3/4" rods, 1800' x 7/8" rods, 28' polished and pony rods
13 3/8" x 9 5/8" x 2 7/8" well head

1/16/90 - well pumping

ACCEPTED FOR RECORD
Ade

ROSWELL, NEW MEXICO

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

SIGNED W. N. Brady
(This space for Federal or State office use)

TITLE President

DATE 4-13-1990

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side