

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

C. W. Trainer

3. Address and Telephone No.

P.O. Box 888, Hobbs, NM 88241 (505) 392-7050

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL & 1980' FWL Sec 21, T-23S, R-33E

Lease Designation and Serial No.

LC-068848

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8910160570

8. Well Name and No.

Brinninstool Unit #2

9. API Well No.

30-025-25553

10. Field and Pool, or Exploratory Area

Brinninstool Morrow

11. County or Parish, State

Lea, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Return to Pro-
duction
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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. Subject well returned to production on 5/1/94.

RECEIVED
JUN 20 8 37 AM '94
CARI AREA
FBI

25 1994

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

Signed Marc W. [Signature] Title Agent Date 6/17/94

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: