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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on verse side)

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.)

5. LEASE DESIGNATION AND SERIAL NO.: NM 10189
6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
7. UNIT AGREEMENT NAME:
8. FARM OR LEASE NAME: J.H. McClure B
9. WELL NO.: 22
10. FIELD AND POOL, OR WILDCAT: Dollarhide Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 19-24S-38E
12. COUNTY OR PARISH: Lea
13. STATE: NM

1. OIL WELL [X] GAS WELL [ ] OTHER
2. NAME OF OPERATOR: Earl R. Bruno
3. ADDRESS OF OPERATOR: P.O. Box 590 Midland, TX 79702
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1650 FSL & 660 FEL, Sec. 19 - 24S - 38E

Unit I

14. PERMIT NO.:
15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3176

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF [ ]	PULL OR ALTER CASING [ ]	WATER SHUT-OFF [ ]	REPAIRING WELL [ ]
FRACTURE TREAT [ ]	MULTIPLE COMPLETE [ ]	FRACTURE TREATMENT [ ]	ALTERING CASING [ ]
SHOOT OR ACIDIZE [ ]	ABANDON* [ ]	SHOOTING OR ACIDIZING [ ]	ABANDONMENT* [ ]
REPAIR WELL [ ]	CHANGE PLANS [ ]	(Other)	
(Other) Convert to injection		(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.) Rods & tubing will be pulled.
2.) A Baker lock set packer will be run on plastic coated tubing & will be set @ 3725' (±)
3.) Injection will be into Queen zone from 3789-3954.

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

SIGNED [signature] TITLE Engineer DATE 8/15/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 10/17/91

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.