

submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.
30-015-26125

5. Indicate Type of Lease
STATE X FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement
Name:
EDDY "IK"

8. Well No.
1

9. Pool name or Wildcat
BURTON FLAT STRAWN, EAST

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3322.8 GR

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. Type of Well:
Oil Well ☐ Gas Well X Other

2. Name of Operator
TOM BROWN, INC.

3. Address of Operator
P.O. BOX 2608, MIDLAND, TX 79702

4. Well Location
Unit Letter G: 1980 feet from the NORTH line and 1980 feet from the EAST line
Section 2 Township 20S Range 29E NMPM County EDDY

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3322.8 GR

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

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON X

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

SEE ATTACHED WELLBORE DIAGRAM W/P&A PROCEDURE.

* Cement Plug 6300'-5912'.

* Brine gel between all cement Plugs.

* Notific N.M.O.C.D. To witness Plugging Operations.



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

SIGNATURE Bob Rymal TITLE MATERIAL SUPERVISOR DATE 8-31-99

Type or print name BOB RYMAL
(This space for State use)

Telephone No. 915-682-9944

APPROVED BY Mark Sheffield TITLE Field Rep. II DATE 9/20/99
Conditions of approval, if any: