

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
SUBMIT IN TRIPLICATE
(Other instructions on reverse side)
Expires August 31, 1985
SIGNATURE AND SERIAL NO.
ANNM01747

1625 N. French Dr.
Hobbs, NM 88240

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"/>		7. UNIT AGREEMENT NAME Lea Unit	
2. NAME OF OPERATOR Brothers Production Company, Inc.		8. FARM OR LEASE NAME Lea Unit	
3. ADDRESS OF OPERATOR P.O. Box 7515, Midland, TX 79708		9. WELL NO. 5	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface NWSE, Sec 12, T20S, R34E J 1980' FSL & 1980' FEL		10. FIELD AND POOL, OR WILDCAT Lea - Bone Spring	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR - 3665	
		12. COUNTY OR PARISH Lea	13. STATE NM

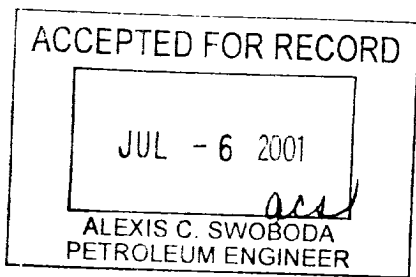
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>	<input checked="" 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.)*

SEE ATTACHED.



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

SIGNED *John Brown* TITLE Geologist DATE 6/25/01

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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We are currently doing an evaluation on recompleting several Lea Unit wells to the Delaware formation. NuTech Company is doing log analysis applying Nuclear Magnetic Resonance technology on older open hole logs on the Lea Unit #5 and #7. At this time we do not know which of these wells will be recompleted first. Our proposed schedule allows for completion and evaluation of each well prior to recompleting the next well.

1st Well – (Either Lea Unit #5 or #7) Recomplete by 9/15/01.

2nd Well – (Either Lea Unit #5 or #7) Recomplete by 12/15/01.

3rd Well – Lea Unit #3 Recomplete by 3/15/02.