

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions
verse side)

Form approved.
Budget Bureau No. 1004-0135
October 1985
Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240
LEASE DESIGNATION AND SERIAL NO.
161747
INSTRUMENT OR TRIBE NAME

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	8. FARM OR LEASE NAME Lea Unit
3. ADDRESS OF OPERATOR PO 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 1980' FSL + 1980' FEL	10. FIELD AND POOL, OR WILDCAT Lea - Bone Spring
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 12, T20S, R34E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GI - 3665	12. COUNTY OR PARISH 18. STATE Lea 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 checked="" type="checkbox"/>	(Other) <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.)*

We recently purchased the Lea Unit from Marathon Oil Company and took over operatorship of the Lea Unit (Jan 2000). This well was shut-in by Marathon in October, 1998. We are currently reviewing the Lea Unit for recompletion potential specifically in the Delaware zone as well as others. We respectfully request an extension of the requirement to plug this well and the other 3 Lea Unit wells.

APPROVED
JUN 7 2001
ARMANDO A. LOPEZ
PETROLEUM ENGINEER

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

SIGNED Juan M. Brown TITLE Geologist DATE 5/30/01

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

APPROVED FOR 3 MONTH PERIOD

ENDING 9/6/01

*See Instructions on Reverse Side

J
C
BWV