

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
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.)

**N.M. Oil Cons. Division**  
**1625 N. French Dr. API#30-025-20038**  
**Hobbs, NM 88240**

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NMNM03085	
2. NAME OF OPERATOR Brothers Production Company, Inc.		6. IF INDIAN ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 7515, Midland, TX 79708		7. AGREEMENT NAME Lea Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface NWSE, Sec 13, T20S, R34E 1980' FSL & 1980' FEL <span style="float:right">J</span>		8. FARM OR LEASE NAME Lea Unit	
14. PERMIT NO.		9. WELL NO. 03	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR - 3656		10. FIELD AND POOL, OR WILDCAT Lea - Devonian	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 13, T20S, R34E	
		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"/>	X	(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.

ACCEPTED FOR RECORD

JUL - 6 2001

*acs*

ALEXIS C. SWOBODA  
PETROLEUM ENGINEER

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

SIGNED *[Signature]* 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

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.

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*J*  
*C*

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.

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

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

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