

Form 3160-5
(June, 1990)DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Budget Bureau No. 1004-0135

Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill, or to deepen or reentry to a different reservoir

Use "APPLICATION FOR PERMIT TO DRILL" for such proposals

SUBMIT IN TRIPLICATE

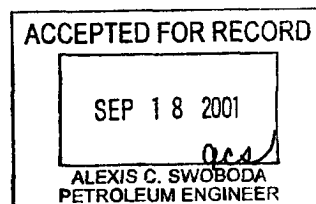
1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other:		5. Lease Designation and Serial No. NMNM0144698
2. Name of Operator TOM BROWN, INC.		6. If Indian, Allottee or Tribe Name N/A
3. Address and Telephone No. P. O. Box 2608, Midland, Texas 79702		7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, T, R, M, or Survey Description) 1980' FSL AND 1980' FWL Section 5, T-20-S, R-29-E		8. Well Name and No. SUPERIOR FED 5
12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		9. API Well No. 30-015-23975
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Surface Casing/Cementing	<input type="checkbox"/> Dispose Water
	<input type="checkbox"/> Other:	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form)

13. 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 SHEET FOR RECOMPLETION WORK DONE

REQUEST TA STATUS FOR FURTHER EVALUATING

Signed: Darlene Hill
(This space for Federal or State office use)

Title: Production Analyst

Date: June 8, 2001

Approved by: _____

Title: _____

Date: _____

Conditions of approval, if any: _____

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.

* See Instructions on Reverse Side

Acidized and swabbed, no returns
Drop plug and displaced to 7900'4/6/2001 Set CIBP @ 7700', cmt w/35 sks
Perfed 6910-40, 6883-91, 6876-82
Acidized w/15% NEFE acid
Made 13 runs, Started swabbing, no shows4/17/2001 Set CIBP @ 6800', set w/35' cmt
Perfed 5256-66, 5282-5306
Acidized w/15% NEFE acid
Swabbed, made 10 runs4/19/2001 Set CIBP @ 5200'
Perfed 4200'

4/22/2001 Drop plug and displaced to 4100'