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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☐ Fee ☐
5. State Oil & Gas Lease No.

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. OIL WELL ☐ GAS WELL ☒ OTHER- 2. Name of Operator Brooks Exploration Incorporated 3. Address of Operator Suite 406, 1776 Lincoln Street, Denver, Colorado 80203 4. Location of Well UNIT LETTER _____, 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 15 TOWNSHIP 21N RANGE 21E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 6180' GR	7. Unit Agreement Name 8. Farm or Lease Name E.R. Julian 9. Well No. #1 10. Field and Pool, or Wildcat Wildcat 12. County Mora
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16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐ OTHER _____ ☐	REMEDIAL WORK ☒ COMMENCE DRILLING OPNS. ☒ CASING TEST AND CEMENT JOB ☒ OTHER _____ ☐

17. 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.

Test spudded @ 6:30 PM 8-19-73. Air drilled 38' of 7-7/8" surface hole, set 38' of 6-5/8" surface casing, circulated cement, drilled to top of Dakota Sand @ 378' with air. Set 393.85' of 4-1/2" - 9-1/2" K-55F casing @ 379' with 50 sacks regular cement. 3% CC, circulated 10 sacks, plug down 12:35 PM 8-21-73. Drilled out to 480' with 3-7/8" bit in Dakota Sand. TD 480'. No water. Blow of natural gas from hole @ estimated 200,000 CFGPD

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

SIGNED <i>B. Brook</i>	TITLE President	DATE 2/21/74
APPROVED BY <i>Carl Ulvog</i>	TITLE SENIOR PETROLEUM GEOLOGIST	DATE 5/15/74
CONDITIONS OF APPROVAL, IF ANY:		