Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. 002258

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.)

7. Lease Name or Unit Agreement Name: Two Forks State

1. Type of Well: OIL WELL [ ] GAS WELL [X] OTHER

8. Well No. 2

2. Name of Operator: Brothers Production Company, Inc.

9. Pool name or Wildcat

3. Address of Operator: P.O. Box 7515, Midland, TX 79708

4. Well Location
Unit Letter I : 1600 Feet From The South Line and 660' Feet From The East Line

Section 2 Township 18S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3667 KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[XX]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:			[ ]

12. 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.

4-11-01 Cut casing @ 2950', spot 50 sx cmt. @ 3050', WOC & tag @ 2813'.
4-11-01 Spot 40 sx cmt. @ 520', WOC & tag @ 397'.
4-11-01 Spot 10 sx cmt. surface plug @ 30' to surface.

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

SIGNATURE [signature] TITLE Agent DATE 4-18-01

TYPE OR PRINT NAME Roger Massey TELEPHONE NO. (915)530-0907

(This space for State Use)

APPROVED BY [signature] TITLE Field Rep II DATE

CONDITIONS OF APPROVAL, IF ANY: