

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO. 30-015-26082
5. Indicate Type of Lease <u>Federal</u> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NMNM - 85311
7. Lease Name or Unit Agreement Name: Tamano (BSSC) Unit
8. Well No. 201
9. Pool name or Wildcat Tamano (Bone Springs)

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. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injection Well <input checked="" type="checkbox"/>
2. Name of Operator Brothers Production Company, Inc.
3. Address of Operator P.O. Box 7515, Midland, TX 79708
4. Well Location

Unit Letter P : 560 feet from the South line and 990 feet from the East line
Section 11 Township 18-S Range 31-E NMPM County Eddy

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
GL=3740' KB=3751'

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

NOTICE OF INTENTION TO:

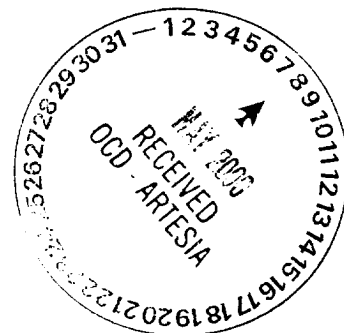
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Repair Well & MIT Well ☒

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Repaired Wellhead Connections.
Re-Run MIT Test on Well.



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

SIGNATURE Danny M. Brock TITLE Production Superintendent DATE 05/05/00

Type or print name Danny M. Brock
(This space for State use)

Telephone No. 915-682-2516

APPROVED BY Mrs. Stillfield TITLE Field Rep. II DATE 5/10/2000
Conditions of approval, if any: