

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.
30-015-32438

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
002936

7. Lease Name or Unit Agreement Name:
Shugart State Com

8. Well No.
2

9. Pool name or Wildcat
North Shugart (Morrow)

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 ☐ Gas Well ☒ Other

2. Name of Operator
Brothers Production Company, Inc.

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

4. Well Location
Unit Letter K : 1850 feet from the South line and 1650 feet from the West line
Section 16 Township 18-S Range 31E NMPM County Eddy

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
GR-3659', RKB - 3682'

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: ☐

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.

Plan to add perforations in the Morrow. Estimate starting date of February 10, 2003.

Perforate Morrow from 11744' - 11751', 4 SPF, 28 holes.

Put well back on production.

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

SIGNATURE Travis McGraw TITLE Geologist DATE 1/29/03

Type or print name Travis McGraw

Telephone No. 915-682-2516

(This space for State use)

APPROVED BY Travis McGraw TITLE District Supervisor DATE FEB - 3 1993

Conditions of approval, if any: