

Submit 3 Copies To Appropriate District Office
District I
 1625 N. French Dr., Hobbs, NM 87240
District II
 811 South First, Artesia, NM 87210
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

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.)		WELL API NO. 30-015-24822
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> xx FEE <input type="checkbox"/>
2. Name of Operator Tom Brown, Inc.		6. State Oil & Gas Lease No. 020-377
3. Address of Operator P. O. Box 10829, Midland, TX 79702		7. Lease Name or Unit Agreement Name: Roy Renfro Unit
4. Well Location Unit Letter _____ feet from the _____ line and _____ feet from the _____ line Section NENW 1 Township T21S Range R27E NMPM County EDDY		8. Well No. 1
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. Pool name or Wildcat Burton Flat

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 recompletion.

SEE ATTACHMENTS

set CIBP @ 5450'
 circ. hole w/ Inert Fluid
 Test csg to 500' for 30 min -
 Chart test

Notify OCD 24 hrs. prior to any work done

File Subsequent Form 103 w/charts



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

SIGNATURE Bob Rymal TITLE Materials Supervisor DATE 1-31-02

Type or print name Bob Rymal
 (This space for State use)

Telephone No. 915-682-9944

APPROVED BY [Signature] TITLE Field Rep DATE FEB 1 2002

Conditions of approval, if any: