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| LAND OFFICE | |
| OPERATOR | |

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
Brittany Drilling Company

3. Address of Operator
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, NM 88241

4. Location of Well
UNIT LETTER E 2306 FEET FROM THE North LINE AND 990 FEET FROM
THE West LINE, SECTION 1 TOWNSHIP 15S RANGE 36E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
Alexander

9. Well No.
1

10. Field and Pool, or Wildcat
NE Caudill Wolfcamp

15. Elevation (Show whether DF, RT, CR, etc.)
3876.3 GR

12. County
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|---|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| FULL OR ALTER CASING <input type="checkbox"/> | OTHER <u>Squeeze & Reperf</u> <input checked="" type="checkbox"/> | CASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER <input type="checkbox"/> |

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.

It is proposed to squeeze perms 10,798-818 with 100 sacks class H cement. Drill out cement to 10,862 & perf 10,850 to 10,857 with 2 shots per foot. Treat with 500 gallons 15% NE acid.

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

SIGNED Jerry Sexton TITLE Agent DATE 1/3/85

APPROVED BY JERRY SEXTON DISTRICT SUPERVISOR TITLE _____ DATE 3-4-1985

CONDITIONS OF APPROVAL, IF ANY: