N.M. Oil Cons. Division 1625 N. French Dr.

Form 3160-5 (August 1999) UNITED STATES
DEPARTMENT OF THE INTERIOR DIS, NM 88240
BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0135 Expires November 30, 2000

6. If Indian, Allottee or Tribe Name

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an
abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No. NMNM053434

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SUBMIT IN TRIPLICATE - Other instructions on reverse side				7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well				CA-NMNM88489	
Oil Well Gas Well Other				8. Well Name and No.	
2. Name of Operator				Lea Fed Com #14	
Brothers Production Company, Inc.				9. API Well No.	
3a. Address 3b. Phone No. (include area code) P.O. Box 7515, Midland, TX 79708 (432)682-2516				30-025-30138 10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				Lea Bone Spring	
				11. County or Parish, State	
660' FNL & 660' FEL				Lea, NM	
Sec. 14, T-20S, R-34E, NMP					
	PROPRIATE BOX(ES) TO	INDICATE NATU	RE OF NOTICE, R	EPORT, OR O	THER DATA
TYPE OF SUBMISSION TYPE OF ACTION					
	Acidize	Deepen	Production (Start	/Resume)	Water Shut-Off
Notice of Intent	Alter Casing	Fracture Treat	Reclamation	<u> </u>	Well Integrity
Subsequent Report	ı <u> </u>	New Construction	Recomplete		Other
	, -	Plug and Abandon	Temporarily Ab	andon	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal		
Brothers Production Company request to temporarily abandon well. This well has Delaware recompleted no possibilities.  1. MIRU pulling unit. NU BOP's. POOH w/tbg. 2. RIH w/ CIBP and set @ 9430'. Dump 2 sacks. Cement on plug. 3. RU pressure recorder. Pressure test casing to 500 psign. 4. File 3160-5 and send in pressure chart.  Win 50' of upposition.					
14. I hereby certify that the foregoing Name (Printed/Typed)	ing is true and correct				
Danny M. Brock		Title ]	Production Su	perintende	ent
Signature Janua	Im Brock		3-24-04		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE					
Approved by /S	JOE G. LARA		ite Pet. En	g Date	APR 2 7 2004
Conditions of approval, if any, are certify that the applicant holds leg which would entitle the applicant to	cal or equitable title to those right	u in the muhicut laces i	ffice (L)	,	