

Submit 3 Copies To Appropriate District Office  
**District I**  
 1625 N. French Dr., Hobbs, NM 88240  
**District II**  
 1301 W. Grand Ave., Artesia, NM 88210  
**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  
 May 27, 2004

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		<b>WELL API NO.</b> 30-025-05285
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Brothers Production Company, Inc.		6. State Oil & Gas Lease No. 168980
3. Address of Operator P.O. Box 7515, Midland, TX 79708		7. Lease Name or Unit Agreement Name J. M. Denton
4. Well Location Unit Letter <u>P</u> : <u>330</u> feet from the <u>South</u> line and <u>990</u> feet from the <u>East</u> line Section <u>11</u> Township <u>15-S</u> Range <u>37E</u> NMPM County <u>Lea</u>		8. Well Number <u>11</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR 3785', DF 3800'		9. OGRID Number <u>2936</u>
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat Dento Wolfcamp
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls: Construction Material _____		

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input checked="" type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. 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.

1. MIRU pulling unit. OWU. Blow well down.
2. NU BOP's.
3. Release Brown type J-7 SOS packer @ 9039'. POOH w/ packer and 2-7/8" tbg.
4. RU wireline. RIN and set CIBP @ 9024'. Dump 50' cmt on plug.
5. RU kill truck. Load hole w/ corrosion inhibited water.
6. Pressure up casing to 500 psig. Hold for 30 minutes and submit chart of OCD.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Danny M. Brock TITLE Production Superintendent DATE 8-22-05

Type or print name Danny M. Brock E-mail address: Telephone No. (432) 682-2516  
 For State Use Only

APPROVED BY: Chris Williams TITLE Dist. Supervisor DATE 8/23/05  
 Conditions of Approval (if any):