

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

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-025-05287
2. Name of Operator Brothers Production Company, Inc.		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator P.O. Box 7515, Midland, TX 79708		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>M</u> : <u>990</u> feet from the <u>South</u> line and <u>990</u> feet from the <u>West</u> line Section <u>11</u> Township <u>15-S</u> Range <u>37E</u> NMPM County <u>Lea</u>		7. Lease Name or Unit Agreement Name J. M. Denton
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR 3795', KB 3811'		8. Well Number <u>13</u>
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		9. OGRID Number <u>2936</u>
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 _____		10. Pool name or Wildcat Denton - Wolfcamp

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

NOTICE OF INTENTION TO: 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"/>		SUBSEQUENT REPORT OF: 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 POOH w/ rods and pump.
2. NU BOP's. POOH w/ 5-1/2" TAC and 2-7/8" tbg.
3. RU wireline. RIR w/ CIBP and set @ 9090'. Dump bail 50' cmt on CIBP. RD wireline.
4. RU kill truck. Circ. hole w/ corrosion inhibited water.
5. Pressure test casing to 500 psig. Hold for 30 minutes and submit chart to 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
 For State Use Only

E-mail address:

Telephone No. (432) 682-2516

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