

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
Revised June 10, 2003

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 type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>BRINE well</u>	WELL API NO. <u>30-025-35702</u>
2. Name of Operator <u>John R. STEARNS dba STEARNS</u>	5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator <u>HC 65 Box 988, CROSSROADS, N.M. 88114</u>	6. State Oil & Gas Lease No. <u>BW-013</u>
4. Well Location Unit Letter <u>P</u> : <u>200</u> feet from the <u>SE/4</u> line and <u>200</u> feet from the <u>E</u> line Section <u>27</u> Township <u>9S</u> Range <u>35E</u> NMPM <u>Lea</u> County	7. Lease Name or Unit Agreement Name <u>BW-013 KTS BRINE well</u>
	8. Well Number <u>1</u>
	9. OGRID Number <u>21566</u>
	10. Pool name or Wildcat <u>NA</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

12. 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"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <u>MIT</u> <input checked="" type="checkbox"/>	OTHER: <u>MIT</u> <input checked="" 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.

Talked with Sylvia Dickey on the phone and ran MIT test for 6 1/2 hours @ 305#. Working pressure on well is 250#.

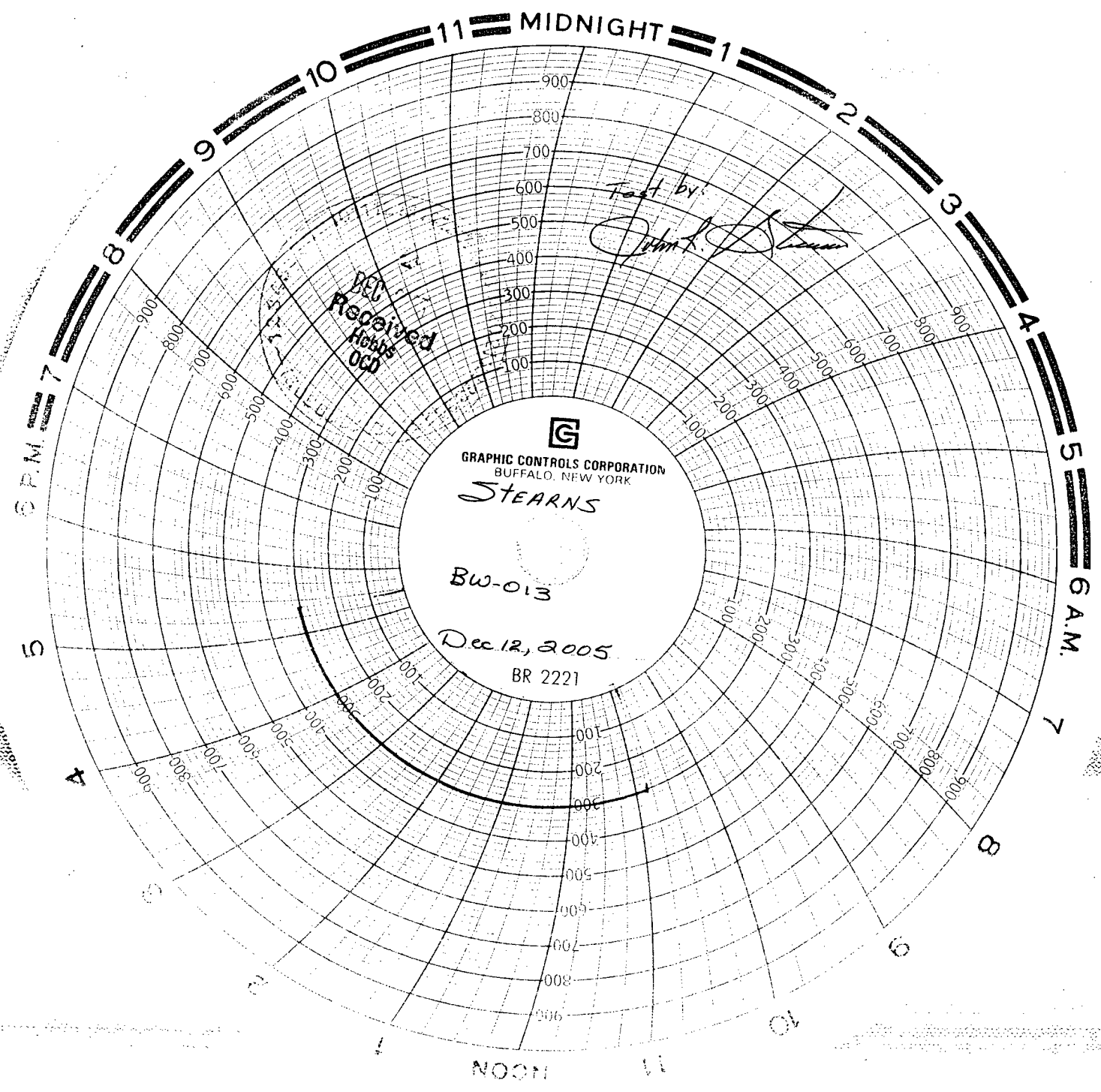
CHART ATTACHED.



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

SIGNATURE John R. Stearns TITLE OWNER DATE 12/12/05
Type or print name John R. STEARNS E-mail address: Telephone No. 505 675-2356
(This space for State use)

APPROVED BY Hayes W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE DEC 28 2005
Conditions of approval, if any



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

STEARNS

BW-013

Dec 12, 2005

BR 2221

Test by:
John F. Stearns

BEC
Received
Hobb's
OGD

NOON

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