

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

Form C-103  
 May 27, 2004

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

|                                      |              |
|--------------------------------------|--------------|
| WELL API NO.                         | 30-025-24953 |
| 5. Indicate Type of Lease            | STATE FEE X  |
| 6. State Oil & Gas Lease No.         |              |
| 7. Lease Name or Unit Agreement Name | Brown 17     |
| 8. Well Number                       | 1            |
| 9. OGRID Number                      | 226563       |
| 10. Pool name or Wildcat             | Sawyer       |

**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 Gas Well  Other

2. Name of Operator  
 Manhattan Petroleum, Inc.

3. Address of Operator  
 P. O. Box 35888, Tulsa, OK 74135-0888

4. Well Location  
 Unit Letter F : 1980 feet from the    north    line and    1980    feet from the    west    line  
 Section   17   Township   9S   Range   38E   NMPM County   Lea  

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
 3951 GR

Pit or Below-grade Tank Application  or Closure

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>                            |   | <b>SUBSEQUENT REPORT OF:</b>                     |  |
| PERFORM REMEDIAL WORK <input checked="" 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"/> | P AND A <input type="checkbox"/>         |
| PULL OR ALTER CASING <input type="checkbox"/>             | MULTIPLE COMPL <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.

Clean out to PBTD, re-perf pay zones 4898-4994', then stimulate all perms with a CO2 foamed acid-frac treatment.  
 Start date ASAP.



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 NMOCD guidelines , a general permit  or an (attached) alternative OCD-approved plan .

SIGNATURE Connie Swan TITLE Regulatory Administrator DATE 3/30/06

Type or print name Connie Swan E-mail address: connieswan@manhattanpetroleum.com Telephone No. 918-621-6533

**For State Use Only**  
 APPROVED BY: Larry W. White TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE APR 04 2006

Conditions of Approval (if any):