Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised June 10, 2003
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210			30-025-36291 5. Indicate Type of Lease
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No.
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			7. Lease Name or Unit Agreement Name Roberne 16 State Com
PROPOSALS.) 1. Type of Well:			8. Well Number
Oil Well Gas Well Other TA			001
Name of Operator Tom Brown, Inc.			9. OGRID Number 023230
3. Address of Operator P O Box 2608, Midland, TX 79702			10. Pool name or Wildcat Wildcat; Morrow (Gas)
4. Well Location			windcat, Morrow (Gas)
Unit Letter P : 660 feet from the South line and 660 feet from the East line			
Section 16 Township 23 S Range 36E NMPM County Lea			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3411 GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN	TENTION TO:	SUBS	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL	LLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB	ID
OTHER:		OTHER:	
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.			
Tom Brown, Inc. proposes to Temporarily Abandon the subject well by setting a CIBP @ 11,662' and dump			
bailing 35' cement on top of CIBP. Load casing with KCL and test casing to 500 psi for 30 minutes? Tom Brown,			
Inc. has notified Sylvia Dickie with the OCD to witness the casing test which is expected to take place 9/24/03 at			
noon.			
			SEP 2003 RLULIVED HOBBS OCD
			2003 E. E.
			0
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE	TITLE_	Operations Asst/Te	<u>DATE 9/23/03</u>
Type or print name Diane Kuykendall E-mail address: dkuykendall@tombrown.com Telephone No. 432-688-9773			
(This space for State use) APPROVED BY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
APPPROVED BY TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER 5 2003 Conditions of approval, if any:			