

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

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)		WELL API NO: <u>30-025-37576</u>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Brigham Oil & Gas, L.P.		6. State Oil & Gas Lease No.
3. Address of Operator 6300 Bridge Point Pky, Bldg 2, Ste. 500, Austin, TX 78730		7. Lease Name or Unit Agreement Name <input checked="" type="checkbox"/> <u>State 33</u>
4. Well Location Unit Letter <u>D</u> : <u>879</u> feet from the <u>north</u> line and <u>990</u> feet from the <u>west</u> line Section <u>33</u> Township <u>12 S</u> Range <u>37 E</u> NMPM County <u>LEA</u>		8. Well Number <u>#001</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3911' GR</u>		9. OGRID Number <u>163160</u>
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat <u>Wildcat</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 _____		

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"/>	P AND A <input checked="" 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.

(1/22/2006) HSM. Service rig. PU and RIH w/81 jts. TIH to 10192. Stds in derrick. Circulating. HSM(TIH). Set plug #1 @ 10192 = 30 sacks. LD 63 jts to 8200. Set plug @ 8200 = 47sacks. LD 64 jts to 6200. Set plug @ 6200 #3. LD 47 jts to 4725. Set plug #4. HSM. POOH 8 stds. WOC for Plug #4. RIH 7 stds. Show -n- tag plug @ 4630. LDDP. 97 jts to 1695 / plug #4.
(1/23/2006) LD 97 jts DP to 1675. Set plug #5 @ 1675' 25 sacks. SD 40 jts. DP to 426. Set plug #6 @ 426' 25 sacks. Finished laying down drill pipe. RD LD machine. LD Kelley, swivel, ND. Cut well head off. Top cement job - 15 sacks. Cleaned pits. Release rig @ 6:00 pm 1/21/06.

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 Kenneth Klanika TITLE Env/Reg/Saf. Eng. DATE 12/14/2007

Type or print name Kenneth Klanika E-mail address: _____ Telephone No 512/427-3300
For State Use Only

APPROVED BY: Larry W. Wink OC FIELD REPRESENTATIVE / STAFF MANAGER DATE DEC 18 2007
Conditions of Approval (if any)

Approved as to plugging of the Well Bore.
Liability under bond is retained until
surface restoration is completed.