| Submit 3 Copies To Appropriate District Office | State of New Mexico Energy, Minerals and Natural Resources | | | Form C-103 Revised June 10, 2003 | | | |
|--|--|--------------------------------|---|---|------------------------------------|---------------------------|--|
| <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 | ~ | | | WELL API NO. | | | |
| <u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | | 30-025-36432 5. Indicate Type of Lease | | | |
| District III | 1220 South St. Francis Dr. | | | STATE FEE | | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505 | | | | 6. State Oil & Gas | | | |
| 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 | | | |
| PROPOSALS.) | | | | Shelley 34 State 8. Well Number | | | |
| 1. Type of Well: Oil Well ☑ Gas Well ☐ Other | | | | 003 | | | |
| 2. Name of Operator | | | | 9. OGRID Number 023230 | | | |
| Tom Brown, Inc. 3. Address of Operator | | | | 10. Pool name or Wildcat | | | |
| P O Box 2608, Midland, TX 79702 | | | | Skaggs; Drinkard (57000) | | | |
| 4. Well Location | , | | | 7 | | | |
| Unit Letter B: | 990feet from the | <u>North</u> | line and170 | oo feet from the | e <u>East</u> | line | |
| Section 34 | Township | | Range 37E | NMPM | Lea (| County | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | | | | |
| 3606 GR 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | | | |
| NOTICE OF IN | | indicate 14 | | SEQUENT REF | | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDO | N 🗆 | REMEDIAL WORK | - | ALTERING CA | SING [| |
| TEMPORARILY ABANDON | CHANGE PLANS | | COMMENCE DRI | _ | PLUG AND ABANDONMEI | NT | |
| PULL OR ALTER CASING | MULTIPLE COMPLETION | | CASING TEST AN CEMENT JOB | ND 🖾 | | | |
| OTHER: | | | OTHER: | | | | |
| 13. Describe proposed or compl of starting any proposed wor or recompletion. | eted operations. (Clear rk). SEE RULE 1103. | rly state all p For Multipl | pertinent details, and le Completions: Att | l give pertinent date tach wellbore diagra | s, including est am of proposed | imated date completion | |
| 10/29/2003 Spud Well @ 20:00 | | | | | | | |
| 10/30/2003 Drill 12-1/4" hole to 14 Cement w/ 435 sx of Ha Plus + 2% Calcium Chl and 8-5/8 csg and instal | aliburton Light Premiur oride, 14.8 ppg, 1.345y I head. NU BOP | m Plus + 1/4 | 4# sx flocelo + 6# sa e w/ 87 bbl brine wa | alt, 12.5 ppg. Tail in ater. Circ 80 sx to p | n w/205 sx Pre | mium | |
| I hereby certify that the information a | bove is true and compl | lete to the be | est of my knowledge | e and belief. | ex as the crait. | | |
| SIGNATURE Jane | Sterdal | _TITLE | Operations Asst/T | ech DA | ATE11/03/03 | <u> </u> | |
| Type or print name Diane Kuyken | dall | E-mail add | iress: dkuykendall@t | ombrown gora NAGE | phone No. 432- | 688-9773 | |
| (This space for State use) | 0 - 1 | | REPRESENTATIVE | 11/31/ | | NOV 1 0 2 | |
| (This space for State use) APPPROVED BY Hay W. W. TITLE Conditions of conversal if any C. FIELD REPRESENTATIVE! | | | | | DATE | ~ 0 20 | |
| Conditions of approval, if any | | | | | | | |