

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  
Revised June 10, 2003

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

WELL API NO. 30-025-36465
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Shelley 36 State
8. Well Number 007
9. OGRID Number 023230
10. Pool name or Wildcat Skaggs; Drinkard (57000)

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Tom Brown, Inc.	
3. Address of Operator P O Box 2608, Midland, TX 79702	
4. Well Location Unit Letter <u>D</u> : <u>990</u> feet from the <u>North</u> line and <u>990</u> feet from the <u>West</u> line Section <u>36</u> Township <u>19S</u> Range <u>37E</u> NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3598	

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 checked="" 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 checked="" 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.

11/13/03 Notified OCD

11/14/03 Spud Well @ 6:00 CST

11/15/03 Drill 12-1/4" hole to 1430. Run 36 jts of 8-5/8" csg (total length 1537.68, set @ 1530). Cement first stage w/ 20 bbl FW, 435 sx Halliburton Light Premium Plus + .25 # sx flocele + 2% CaCl<sub>2</sub>, 12.5 ppg, 1.98 yld. Tail: 250 sx Premium Plus + 2% CaCl<sub>2</sub>, 14.8 ppg, 1.34 yld. Displace w/ 86 bbls of 10# brine. Land Plug w/ 500 psi. Check float "ok". Circ 85 sx to surface. Finish job @ 11:45 am 11/15/03 CST. WOC 4 hrs.

11/15/03 Cut off conductor. Weld on casing head. NU BOP.

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

SIGNATURE Diane Kuykendall TITLE Operations Asst/Tech DATE 11/26/03  
Type or print name Diane Kuykendall E-mail address: dkuykendall@tombrown.com Telephone No. 432-688-9773

(This space for State use)

APPROVED BY Ray W. Wink TITLE FIELD REPRESENTATIVE II/STAFF MANAGER DATE DEC 05 2003  
Conditions of approval, if any: