

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

RECEIVED
State of New Mexico
Energy, Minerals and Natural Resources
MAR 09 2009
OIL CONSERVATION DIVISION
HOBBS
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
June 19, 2008

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|--|--|---|
| 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. 30-025-33678 / |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other / | | 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> / |
| 2. Name of Operator H.L. Brown Operating, L.L.C. / | | 6. State Oil & Gas Lease No. 2261 |
| 3. Address of Operator P.O. Box 2237 Midland, TX 79702 | | 7. Lease Name or Unit Agreement Name North Feather State Unit |
| 4. Well Location Unit Letter I : 1340 feet from the South line and 990 feet from the East line Section 9 Township 15-S Range 32-E NMPM County Lea | | 8. Well Number 2 / |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4301' SRP | | 9. OGRID Number 213179 / |
| | | 10. Pool name or Wildcat N. Feather Morrow Gas / |

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|---|---|--|--|
| 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"/> | |
| DOWNHOLE COMMINGLE <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.

Completion interval in current pool is depleted. Proposed to recomplete in N. Anderson Ranch Wolfcamp (same pool as now P+A'd well No.1 was in)

Spud Date:

Rig Release Date:

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

SIGNATURE Carlton Wheeler TITLE Operations Manager DATE 3-5-09
Type or print name CARLTON WHEELER E-mail address: ccw@hlboperating.com PHONE: 432 683 5216
For State Use Only

APPROVED BY: [Signature] TITLE PETROLEUM ENGINEER DATE MAR 13 2009
Conditions of Approval (if any):