

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, New Mexico 86595

DISTRICT I
P. O. Box 1980, Hobbs, NM 88240

DISTRICT II
P. O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-35040
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. A-1320

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT
(FORM C-101) FOR SUCH PROPOSALS)

7. Lease Name or Unit Agreement Name State "5"

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> OTHER
--

8. Well No. 1

2. Name of Operator TMBR/Sharp Drilling, Inc.
--

9. Pool name or Wildcat Vacuum; Atoka-Morrow, North
--

3. Address of Operator P. O. Drawer 10970, Midland, TX 79702

4. Well Location Unit Letter <u>G</u> : <u>1600</u> Feet From The <u>North</u> Line and <u>2500</u> Feet From The <u>East</u> Section <u>5</u> Township <u>17S</u> Range <u>35E</u> NMPM County <u>Lea</u>
--

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3999' GR
--

11. 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"/>	PLUG AND ABANDON <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

12. 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.
--

See attached sheet.

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

SIGNATURE Jeffrey D. Phillips TITLE V. P. Production DATE 09/25/2000

TYPE OR PRINT NAME Jeffrey D. Phillips TELEPHONE NO. (915) 699-5050

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: