

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

OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503

WELL API NO. 30-025-1004
5. Indicate Type of Lease STATE [ ] FEE [X]
6. State Oil & Gas Lease No.

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.)

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER [ ]
2. Name of Operator Cross Timbers Operating Company
3. Address of Operator P.O. Box 52070 Midland, Tx 79707
4. Well Location Unit Letter L : 1650 Feet From The South Line and 330 Feet From The West Line Section 3 Township 22S Range 37E NMPM Lea County

7. Lease Name or Unit Agreement Name R.L. Brunson
8. Well No. 8
9. Pool name or Wildcat Blinebry

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3425

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK [ ] PLUG AND ABANDON [ ] TEMPORARILY ABANDON [ ] CHANGE PLANS [ ] PULL OR ALTER CASING [ ] OTHER [ ]
SUBSEQUENT REPORT OF: REMEDIAL WORK [ ] ALTERING CASING [ ] COMMENCE DRILLING OPNS. [ ] PLUG AND ABANDONMENT [ ] CASING TEST AND CEMENT JOB [ ] OTHER: Downhole Commingle DHC 1148 [X]

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.
RU Well Service rig. POOH w/ rods & pmp. Release tbg anchor. POOH w/ tbg. PU retrieving head. GIH w/ retrieving head on production tbg. Engage & release RBP. POOH & LD RBP. GIH w/ production tbg. Tbg landed at 4,601'. SN @ 6,566'. Blinebry parts 5,507-5,807' & Drinkard parts 6,304-6,550'. Ran pmp & rods. Resumed ppq. P. 7Bo, 20Bw, 253 MCF; 24 hrs.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE [Signature] TITLE Op. Engr. DATE 9/28/95
TYPE OR PRINT NAME C.M. Bloodworth, P.E. TELEPHONE NO (915) 682-8873

(This space for State Official Signature) APPROVED BY [Signature] TITLE [ ] DATE OCT 04 1995

CONDITIONS OF APPROVAL, IF ANY:

