

Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

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

WELL API NO. 30-025-05118
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.)

7. Lease Name or Unit Agreement Name Buckley 'A'

1. Type of Well: OIL WELL [X] GAS WELL [] OTHER []

8. Well No. 1

2. Name of Operator Rhombus Operating Co., Ltd.

9. Foot name or Wellcut Denton Strawn Penn

3. Address of Operator 200 N. Loraine, Suite 1270

4. Well Location Unit Letter M ; 330 Feet From The South Line and 330 Feet From The West Line

Section 25 Township 14S Range 37E NMPM Lea County

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

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

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.

Set CIBP @ 12,100'. Dump 35' cmt on top. Circ approx 300 bbls oil out of csg. Perf Strawn 10,838-848'. Acdz w/ 500 gal 15% HCl. Flow and swab. Set pumping unit. Pump 25 BO, tr wtr. Continued pumping 22 days w/ oil gradually tapering off, last day 2 BO, 6 BW, 12 MCF. Acdz w/ 2500 gal 15% HCl. Pump about 2 mo. Last test 1 BO, 6 BW, 10 MCF. Perf 10,746-70'. Pump 1 BO, 9 BW, 5 MCF.

Lay down rods and tbg. Set CIBP @ 10,700'. Dump 35' cmt on top. Well PA. Shut-In

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

SIGNATURE Mabry Kniffen-Wingo TITLE Office Manager DATE 8/5/99
TYPE OR PRINT NAME Mabry Kniffen-Wingo TELEPHONE NO. 915.683.8873

(This space for State Use) ORIGINAL SIGNED BY GARY WINK FIELD REP. II

APPROVED BY DATE OCT 19 1999

2A Denton Devonian