

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

FORM APPROVED  
OMB No. 1004-0135  
Expires January 31, 2004

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.*

AUG 26 2004

5. Lease Serial No.

LC-029424

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

NORTH SQUARE LAKE UNIT

8. Well Name and No.

NORTH SQUARE LAKE UNIT 69

9. API Well No.

30-015-03925

10. Field and Pool, or Exploratory Area

SQUARE LAKE GB SA

11. County or Parish, State

EDDY NM

**SUBMIT IN TRIPLICATE - Other instructions on reverse side**

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other Water Injection

2. Name of Operator

CBS OPERATING CORP.

3a. Address P O BOX 2236

MIDIAND TX 79702

3b. Phone No. (include area code)

432/685-0878

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FSL & 1980' FEL UL O Sec. 25 T16S R30E

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>Return to injection</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

8-19-04 MI & RU pump truck and chart recorder. Run MIT, pressured up to 300 psi for 30 minutes.

Test witnessed by OCD representative, Gerry Guye. (See attached chart).

14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed)

M. A. SIRGO III

Title ENGINEER

Signature

Date

AUGUST 25, 2004

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title DFI

Date

8-27-04

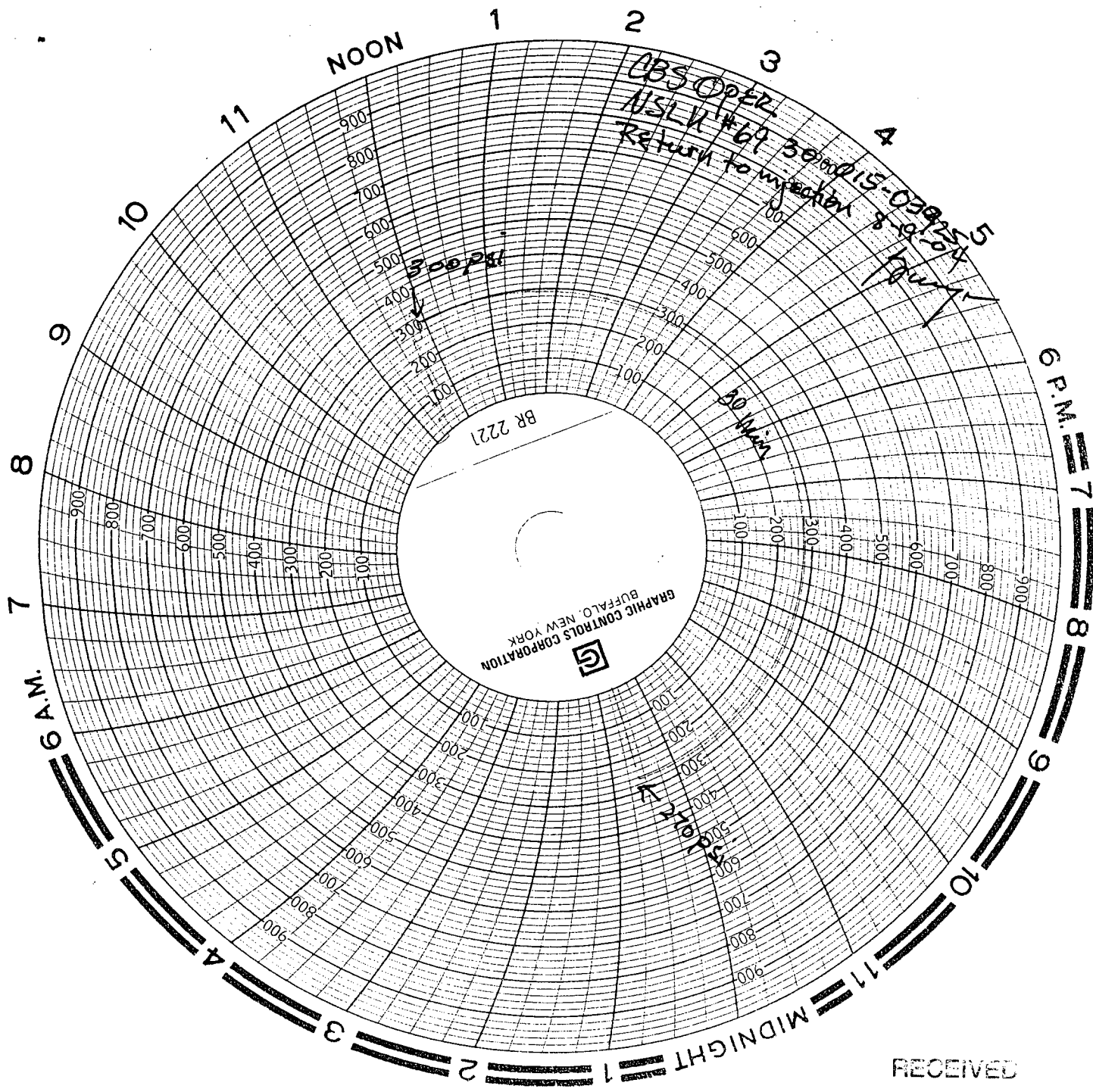
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

NMOC

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on reverse)



CBS OPER  
MSLV #69  
Return to injector  
30 min  
15-0300  
8-1-04  
1741

RECEIVED  
AUG 26 2004  
OCD-ARTESIA