

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

CONFIDENTIAL

WELL API NO. 30-015-26284
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name South Culebra Bluff "23"
8. Well No. 3
9. Pool name or Wildcat E. Loving (Delaware)

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator RB Operating Company
3. Address of Operator 2412 N. Grandview, Suite 201, Odessa, Texas 79761

4. Well Location Unit Letter M : 510 Feet From The South Line and 660 Feet From The West Line Section 23 Township 23-S Range 28-E NMPM Eddy County
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10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3022.0 GR.
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input checked="" 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. 2/20/90 Ran 13 joints 8 5/8" casing, K-55, 23#, ST&C, Set @535', Cemented w/425 sacks, Class "C" w/2% Ca.Cl. + 1/4# sack D-29 Circulated 45 sacks cement to pits. Tested casing and B.O.P. to 1500#.
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE <u>David Magouirk</u>	TITLE <u>Drilling/Production Foreman</u> DATE <u>2/22/90</u>
TYPE OR PRINT NAME <u>David Magouirk</u>	TELEPHONE NO. <u>(915) 362-6302</u>

(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II	DATE <u>FEB 28 1990</u>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		