

Submit 3 Copies To Appropriate District Office
District I
 1625 N. French Dr., Hobbs, NM 88240
District II
 1301 W. Grand Ave., Artesia, NM 88210
District III
 1000 Rio Brazos Rd., Aztec, NM 87410
District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised June 10, 2003

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR RETURN BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-03293
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Water Injection.		Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator CBS OPERATING CORP.		State Oil & Gas Lease No.
3. Address of Operator P O BOX 2236, MIDLAND TX 79702		Lease Name or Unit Agreement Name H. G. WATSON
4. Well Location Unit Letter <u>J</u> : <u>2310</u> feet from the <u>south</u> line and <u>2310</u> feet from the <u>east</u> line Section <u>4</u> Township <u>18S</u> Range <u>29E</u> NMPM EDDY County NM		8. Well Number 7
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3530' GL		9. OGRID Number 216852
10. Pool name or Wildcat LOCO HILLS Q-GB-SA		

12. 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 ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Return to water injection <input checked="" type="checkbox"/>	

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

This injection well was down due to injection pump failure. CBS has recently replaced injection pump and is currently finishing electrical portion of new pump install. CBS anticipates starting injection back into this well within the next two weeks.

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

SIGNATURE M. A. Sirgo, III TITLE Engineer DATE 8-29-03

Type or print name M. A. Sirgo, III E-mail address: mastres@aol.com Telephone No. 432-685-0878

(This space for State use)

AUG 29 2003

APPROVED BY _____ TITLE _____ DATE _____
 Conditions of approval, if any: