

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 May 08, 2003

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.)		WELL API NO. 30-015-03293
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Water Injection <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator CBS OPERATING CORP.		6. State Oil & Gas Lease No.
3. Address of Operator P O BOX 2236, MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name H. G. WATSON
4. Well Location Unit Letter <u>J</u> : 2310 feet from the <u>south</u> line and 2310 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: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> Extension of TA Status <input checked="" type="checkbox"/> OTHER: and MIT <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.

Previously requested extension of TA status June 23, 2003.
Approval was conditional upon a successful MIT test.

8-4-03 Ran MIT test. Pressure tested to 530#, held for 30 minutes.
Test witnessed by NMOCD representative, Phil Hawkins.
MIT Chart attached.

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 8-13-03
Type or print name M. A. Sirgo, III Telephone No. 432/685-0878
(This space for State use)

APPROVED BY _____ TITLE _____ DATE AUG 29 2003
Conditions of approval, if any: _____

CBS Operating Corp.
H. G. Watson
30-015-03493
5-4-18-29

Start 530
End 530
30 min.

8/4/03
R. M. R. D.

BR 2221

RECEIVED
FBI NEW YORK
AUG 11 1903

EMERGENCY
CONTROL CORPORATION
NEW YORK

State witness
P. L. Hawkins

6 A.M.

MIDNIGHT