

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTOil Cons.  
N.M. DIV-Dist. 2  
1301 W. Grand Avenue  
Artesia, NM 88210FORM APPROVED  
OMB No. 1004-0135  
Expires November 30, 2000**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.***SUBMIT IN TRIPLICATE - Other instructions on reverse side**

## 1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

## 2. Name of Operator

CBS OPERATING CORP.

## 3a. Address

P. O. BOX 2236  
MIDLAND TX 79702

## 3b. Phone No. (include area code)

432/685-0878

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

2630' FSL & 10' FWL UL <sup>L Section 28</sup> T16S R31E

## 5. Lease Serial No.

LC-056302 (b)

## 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 191

## 9. API Well No.

30-015-33040

## 10. Field and Pool, or Exploratory Area

SQUARE LAKE GB-SA

## 11. County or Parish, State

EDDY, NM

## 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>Drill and set casing</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.)

11-23-03 Abbott Bros. set 39'x14" conductor pipe.

11-25-03 MI &amp; RU United Drilling. Spud 12-1/4" surface hole @ 10:30 p.m. Drilled to 577'. Ran 13 jts. 8-5/8" 32# casing and set @ 562'. BJ cemented casing w/325 sx Class C + 2% CaCl. Circulated 65 sx to surface. Shut down for holiday.

12-07-03 Drilled to 3685' TD. Ran 88 jts. 5-1/2" 17# casing and set @ 3642'. BJ cemented casing w/625 sx Class C 50/50 Poz + 375 sx Class C + 2% CaCl tail. Circulated 145 sx to surface. Plug down at 8:30 a.m. 12-8-03. Shut in. Waiting on completion.

ACCEPTED FOR RECORD

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

Name (Printed/Typed)

M. A. SIRGO, III

Title ENGINEER

Signature

*M.A. Sirgo III*

Date

DECEMBER 10, 2003

DEC 11 2003

ALEXIS C. SWOBODA  
ROLEUM ENGINEER

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

## Approved by

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.

Title

Date

Office