

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

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-05017
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-5300

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.)		RECEIVED MAY 04 2010 NMOCD ARTESIA	7. Lease Name or Unit Agreement Name Constate
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	8. Well Number 1		
2. Name of Operator CBS Operating Corp.			9. OGRID Number 216852
3. Address of Operator P O Box 2236 Midland TX 79702			10. Pool name or Wildcat Grayburg Jackson SR-Q-G-SA
4. Well Location Unit Letter C : 330 feet from the north line and 2310 feet from the west line Section 36 Township 16S Range 31E NMPM Eddy County NM			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4157' GL			
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>			
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____			
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____			

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"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Return to production <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.

Install pumping unit 4-22-2010

MI & RU Reliable Well Service. POH with rods, tubing pump and tubing. Bottom seven joints tubing bad. Barrel for tubing pump trashed.

RIH with bailer to 3962'. Bailed hole clean to 3893'.

RIH with rods and new pump, hung well on.

Return well to production 4-28-2010.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE M. A. Sirgo, III TITLE Engineer DATE 5-3-2010
432/685-0878

Type or print name M.A. Sirgo, III

E-mail address: mastres@aol.com Telephone No.

For State Use Only

APPROVED BY: David May TITLE Field supervisor DATE 5-4-2010

Conditions of Approval (if any):

submit sundry to include tbg. detail - size, wt., grade, # of jts.