

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

RECEIVED
State of New Mexico
Energy, Minerals and Natural Resources
MAY 14 2010
OIL CONSERVATION DIVISION
NMOCD ARTESIA
220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
May 27, 2004

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. 30-015-20315
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Water Injection		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input 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 Federal KK
4. Well Location Unit Letter P : 660 feet from the south line and 660 feet from the east line Section 3 Township 17S Range 30E NMPM Eddy County NM		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3738' GL		9. OGRID Number 216852
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: Reactivate <input checked="" type="checkbox"/>		OTHER: <input 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.

MI & RU pulling unit. TOH with vent packer assembly.

Drill out CIBP at 2868'.

RIH with injection packer, vent packer assembly and IPC tubing.

Circulate backside with packer fluid.

Set injection packer at 2800'+-. Notify NMOCD for MIT.

Run MIT and return well to injection.

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: 5-11-2010

Type or print name: M. A. Sirgo, III

E-mail address: mastres@aol.com Telephone No. 432-685-0878

For State Use Only

APPROVED BY: Richard (NAG)

TITLE: COMPLAINTS OFFICER

DATE: 5/17/10

Conditions of Approval (if any):