

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87504

State of New Mexico  
Energy, Minerals and Natural Resources  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87504

Form C-103  
Revised March 25, 1999

WELL API NO. 30-015-04047
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-3635-46
7. Lease Name or Unit Agreement Name: BURNHAM GB SA UNIT TR. 2
8. Well No. 3
9. Pool name or Wildcat SQUARE LAKE GB SA

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.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator CBS OPERATING CORP.	
3. Address of Operator P O BOX 2236, MIDLAND TX 79702	
4. Well Location Unit Letter <u>I</u> : <u>1980</u> feet from the <u>south</u> line and <u>660</u> feet from the <u>east</u> line Section <u>2</u> Township <u>17S</u> Range <u>30E</u> NMPM Eddy County NM	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3773' GL	

11. 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"/> Idle Well
OTHER: <input type="checkbox"/>	OTHER: Restore to Production <input checked="" type="checkbox"/>

12. 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.

12-26-02 - MI & RU Joe's Well Service. POH with rods and pump, dropped standing valve. Tried to pressure up on tubing, would not hold. Rigged up BOP and POH with tubing. Laid down 17 bad joints of tubing. Picked up 17 joints and test tubing back in hole to 900#, tested okay. SD.

12-27-02 - Took off BOP. RIH with rods and pump and turn well to production.

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 1-21-2003

Type or print name M. A. SIRGO, III

Telephone No 505/685-0878

(This space for State use)

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of approval, if any: Accepted for record - NMOCD