

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
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3773' GL

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 Gas Well Other

2. Name of Operator
 CBS OPERATING CORP.

3. Address of Operator
 P O BOX 2236, MIDLAND TX 79702

4. Well Location
 Unit Letter I : 1980 feet from the south line and 660 feet from the east line
 Section 2 Township 17S Range 30E NMPM Eddy County NM

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 recompilation.

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. 15/685-0878

(This space for State use)

APPROVED BY Accepted for record - NMOCD TITLE _____ DATE _____

Conditions of approval, if any _____