

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
**30-015-26125**

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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  
**TBI EXPLORATION**

3. Address of Operator  
**P.O. Box 2608 MIDLAND TX 79702**

4. Well Location  
Unit Letter **G** : **1980** Feet From The **NORTH** Line and **1980** Feet From The **EAST** Line

Section **2** Township **20S** Range **29E** NMMPM County

7. Lease Name or Unit Agreement Name  
**EDDY 1K STATE**

8. Well No. **#1**

9. Pool name or Wildcat  
**BURTON FLAT STRAWH EAST**

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" 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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input 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.

1) RE ENERGIZE PUMPING UNIT  
2) DUMP 1000 GAL ACID FOR SCALE REMOVAL  
3) RETURN TO PRODUCTION

RECEIVED  
OCD - ARTESIA

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE **Nick Hood** TITLE **OPERATIONS MGR** DATE **3-6-98**

TYPE OR PRINT NAME **NICK HOOD** TELEPHONE NO. **915-682-9715**

(This space for State Use)

APPROVED BY **ORIGINAL SIGNED BY TIM W. GUM** TITLE **DISTRICT II SUPERVISOR** DATE **4-21-98**

CONDITIONS OF APPROVAL, IF ANY: