

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
RECEIVED
NOV - 9 2003
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
OCD-ARTESIA

Form C-103
Revised June 10, 2003

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. 30-015-04048
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Water Injection Well <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CBS OPERATING CORP.		6. State Oil & Gas Lease No. B-8146
3. Address of Operator P O BOX 2236, MIDLAND TX 79702		7. Lease Name or Unit Agreement Name BURNHAM GB SA UNIT
4. Well Location Unit Letter <u>N</u> : <u>660</u> feet from the <u>south</u> line and <u>1980</u> feet from the <u>west</u> line Section <u>2</u> Township <u>17S</u> Range <u>30E</u> NMPM Eddy County NM		8. Well Number 6-2
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3745' GL		9. OGRID Number 216852
		10. Pool name or Wildcat SQUARE LAKE GB SA

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input checked="" type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input 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.

10-2-03 MI&RU. Release packer. TOH with tubing and packer.

10-3-03 RIH with 7" casing scraper to 1200'. TOH. RIH with 4-1/2" casing scraper to 2860'. TOH with 1600' of tubing.

10-6-03 RIH with 7" packer and set at 1169'. Rig down and move rig off well. Dug down around surface to 11' and cut off 7" casing. Weld new section of 7" back to surface.

10-7-03 Rig unit back up. POH with 7" packer. Test injection tubing back in hole to 3000#.

10-8-03 RIH with AD-1 packer. Circulate casing with packer fluid. Removed BOP and set packer. Put 500# on casing, held okay. Rig down and move out. Return well to injection.

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 10-30-03

Type or print name M. A. SIRGO, III E-mail address: mastres@aol.com Telephone No. 432/685-0878

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: SEE REVERSE FOR Conditions

Accepted for record - NMOCD

ACCEPTED FOR RECORD.
Well may NOT be placed in injection
until an MIT (Casing Integrity Test) is
performed.