Submit'3 Copies To Appropriate District	State of New Mexico	
Office District I	Energy, Minerals and Natural R	esources March 4, 2004
1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO. 30-015-04048
1301 W. Grand Ave., Artesia, NM 88210		1SION 5 Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis	Or. STATE FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		B-8146
SUNDRY NO	TICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUG BA	
DIFFERENT RESERVOIR. USE "APPI PROPOSALS.)	ICATION FOR PERMIT" (FORM C-101) FOR SU	
1 Tyme of Well:		8. Well Number
Oil Well Gas Well	Other Water Injection	6-2
2. Name of Operator CBS OPERATING O		9. OGRID Number 216852
3. Address of Operator P O BOX 2236 MI	005	10. Pool name or Wildcat SQUARE LAKE GB SA
4. Well Location		
N	660	1000
Unit Letter N	: 660 feet from the SOUTH	line and 1980 feet from the West line
Section 2	Township 17S Range	30E NMPM Eddy County NM
Section 2	11. Elevation (Show whether DR, RKB	
	3745 GT	
	or pit or below-grade tank closures, a form C-144	
Pit Location: ULSectTwp	RngPit typeDepth to	GroundwaterDistance from nearest fresh water well
Distance from nearest surface water_	Below-grade Tank Location UL	SectTwp;
feet from theline and	feet from theline	· ·
		of Notice, Report or Other Data  SUBSEQUENT REPORT OF:  MEDIAL WORK ALTERING CASING   MMENCE DRILLING OPNS. PLUG AND
_		ABANDONMENT
PULL OR ALTER CASING [	<del></del>	SING TEST AND  MENT JOB
OTHER:		BER: Return to injection 🛛
		ent details, and give pertinent dates, including estimated date inpletions: Attach wellbore diagram of proposed completion
	ump truck and chart recost for 30 minutes.	order. Run MIT, pressured up
	oy OCD representative,	Comme Corre /Coo ottochod chort
	<u> </u>	Gerry Guye. (See attached chart
		-
	n above is true and complete to the best of	my knowledge and belief. I further certify that any pit or belowneral permit  or an (attached) alternative OCD-approved plan .
	n above is true and complete to the best of or closed according to NMOCD guidelines , a ge	my knowledge and belief. I further certify that any pit or belowneral permit or an (attached) alternative OCD-approved plan  GINEER DATE 8-25-04
grade tank has been/will be constructed	n above is true and complete to the best of or closed according to NMOCD guidelines , a ge	my knowledge and belief. I further certify that any pit or below- neral permit  or an (attached) alternative OCD-approved plan .
SIGNATURE  Type or print name M. A. S  (This space for State use)	a above is true and complete to the best of or closed according to NMOCD guidelines , a general section according to TITLE ENTITLE ENT	my knowledge and belief. I further certify that any pit or belowneral permit or an (attached) alternative OCD-approved plan of GINEER  DATE  132 / 685 - 0878
grade tank has been/will be constructed of SIGNATURE  Type or print name M. A. S	n above is true and complete to the best of or closed according to NMOCD guidelines , a ge	my knowledge and belief. I further certify that any pit or belowneral permit or an (attached) alternative OCD-approved plan of GINEER  DATE  132 / 685 - 0878

