

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

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 March 4, 2004

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. 30-015-10863
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> WATER INJECTION		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-2884
3. Address of Operator P O BOX 2236, MIDLAND TX 79702		7. Lease Name or Unit Agreement Name NORTH SQUARE LAKE UNIT
4. Well Location Unit Letter A 10 feet from the north line and 10 feet from the east line Section 36 Township 16S Range 30E NMPM Eddy County NM		8. Well Number 185
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3900' GR		9. OGRID Number 216852
Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)		10. Pool name or Wildcat SQUARE LAKE GB SA

Pit Location: UL _____ Sect _____ Twp _____ Rng _____ Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____
 Distance from nearest surface water _____ Below-grade Tank Location UL _____ Sect _____ Twp _____ Rng _____;
 _____ feet from the _____ line and _____ feet from the _____ line

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 type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: Return to injection-MIT <input checked="" type="checkbox"/>
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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.

Well failed scheduled MIT on 2-1-05. MI&RU 4-12-05. Reset packer.
 Called NMOCD representative to witness new MIT on 4-11-05. Pressured up backside to 535#, held for 30 mins. on chart. TP 1800#.
 Witnessed by Benito Sanchez, CBS representative.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

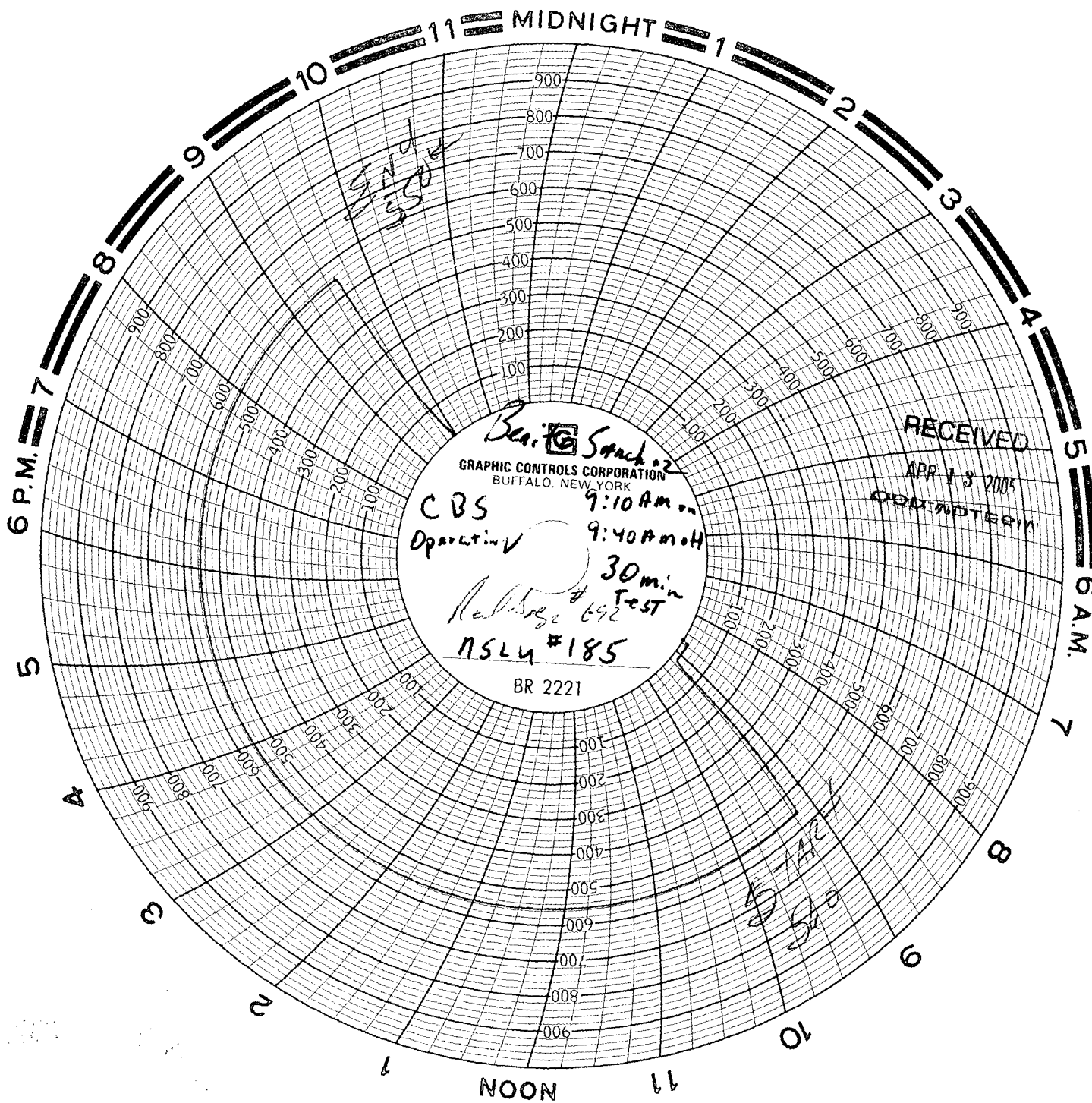
SIGNATURE M. A. Sirgo, III TITLE Engineer DATE 4-12-05
 Type or print name M. A. Sirgo, III E-mail address: mastres@aol.com Telephone No. 432/685-0878

(This space for State use)

Accepted for record - NMOCD

APR 18 2005

APPROVED BY _____ TITLE _____ DATE _____
 Conditions of approval, if any:



Beir & Sanch. 2
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

CBS
Operating V
9:10 AM on
9:40 AM on H
30 min
Test
NSLH #185

BR 2221

RECEIVED

APR 13 2005

COPIED TO TELETYPE

START
5:30

END
5:30