

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 R46 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

Form C-103  
 March 4, 2004

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

WELL API NO. 30-015-20696
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Federal R
8. Well Number 8
9. OGRID Number 216852
10. Pool name or Wildcat Square Lake GB SA

**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 Water injection well

2. Name of Operator  
 CBS Operating Corp.

3. Address of Operator  
 P O Box 2236, Midland TX 79702

4. Well Location  
 Unit Letter H : 1980 feet from the north line and 660 feet from the east line  
 Section 10 Township 17S Range 30E NMPM Eddy County NM

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3729' GR

RECEIVED  
 FEB 10 2006

Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)

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

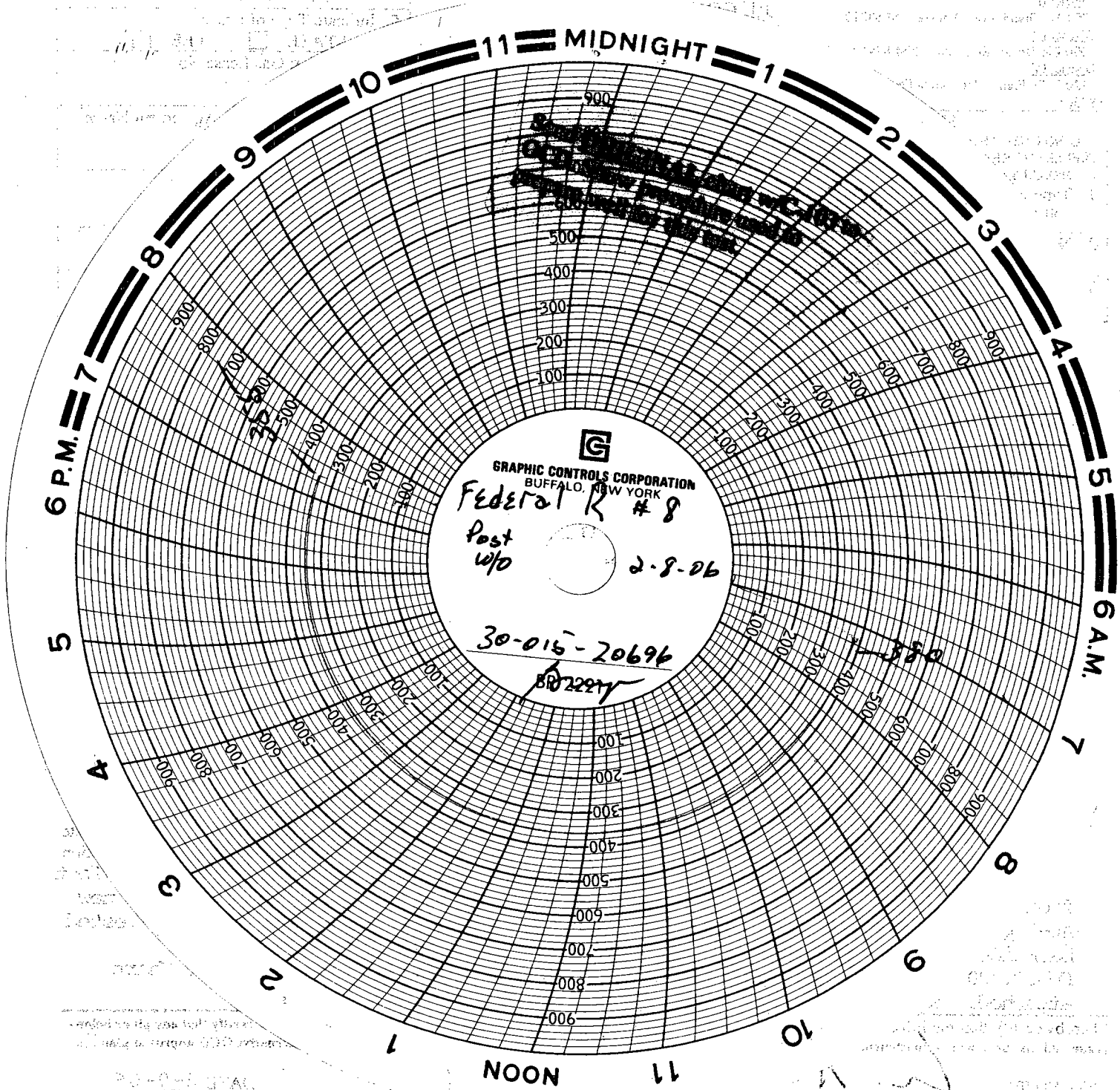
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE 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"/>	
OTHER: <input type="checkbox"/>		OTHER: Failed MIT Repair <input checked="" 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. Well previously failed MIT test. Found hole in 4-1/2" casing one foot from surface. Dug out, cut off bad section and weld on new 4-1/2" stub. TOH. PU new AD-1 packer. RIH with IPC tubing. Circulate packer fluid, set packer @ 2719'. Tested backside to 500# for 30 mins, held okay. SI. Notified NMOCD for new MIT. Feb. 8, 2006-Ran new MIT with NMOCD rep. Tested to 380#, 30 mins, held okay. Chart attached. Return to injection.

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 2-9-06  
 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 Gary Guye TITLE Compliance Officer DATE 2-16-06  
 Conditions of approval, if any:



  
 GRAPHIC CONTROLS CORPORATION  
 BUFFALO, NEW YORK

Federal R # 8  
 Post w/o 2-8-26

30-015-20696  
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