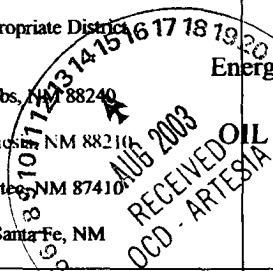


Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised May 08, 2003



OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-20184
5. Indicate Type of Lease STATE ☐ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name NORTH SQUARE LAKE UNIT
8. Well Number 142
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 ☒ 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 E : 2630 feet from the north line and 10 feet from the west line
Section 31 Township 16S Range 31E NMPM Eddy County NM

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3810' GR

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
PLUG AND ABANDON ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS ☐
CHANGE PLANS ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOB ☐
MULTIPLE COMPLETION ☐	OTHER: MIT ☒

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.

8-4-03 Conducted MIT - pressure tested to 580#, held for 30 mins.
Test witnessed by NMOCD representative, Phil Hawkins.
See attached chart.

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 8-13-03
Type or print name M.A. Sirgo, III Telephone No. 432-685-0878
(This space for State use)

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

