

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

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

WELL API NO. 30-015-10322	
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 North Square Lake Unit	
8. Well Number 5	
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

2. Name of Operator
CBS Operating Corp.

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

4. Well Location
Unit Letter L : 1650 feet from the south line and 990 feet from the west line
Section 20 Township 16S Range 31E NMPM Eddy County NM

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3940' GL

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: MIT ☒

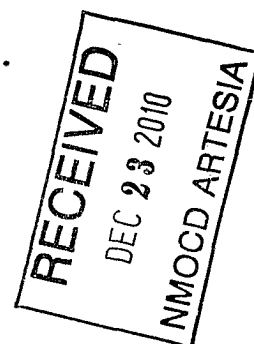
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

12-8-2010 MI & RU. Hole in tubing. TOH with injection packer, testing tubing. Found two bad joints of injection tubing. Replaced two bad joints tubing, redressed packer and RIH circulate packer fluid. Reset permanent packer.

Notified NMOCD for new MIT. Ran MIT held 500# for 30 minutes. Return well to injection.

Spud Date:

Rig Release Date:



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE L. A. Sirgo TITLE Engineer DATE Dec. 22, 2010

Type or print name M. A. Sirgo, III E-mail address: mastres@aol.com PHONE: 432/685-0878

For State Use Only

APPROVED BY: Rubén Irue TITLE Compliance Officer DATE 12/27/10

Conditions of Approval (if any):

