

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, Mineral, and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
May 27, 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. 30-015-04066
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 type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CBS Operating Corp.		6. State Oil & Gas Lease No.
3. Address of Operator P O Box 2236 Midland TX 79702		7. Lease Name or Unit Agreement Name Federal KK
4. Well Location Unit Letter <u>J</u> : <u>1980</u> feet from the <u>south</u> line and <u>1980</u> feet from the <u>east</u> line Section <u>3</u> Township <u>17S</u> Range <u>30E</u> NMPM <u>Eddy County NM</u>		8. Well Number <u>3</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3736' GL</u>		9. OGRID Number <u>216852</u>
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat Square Lake GB SA
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

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

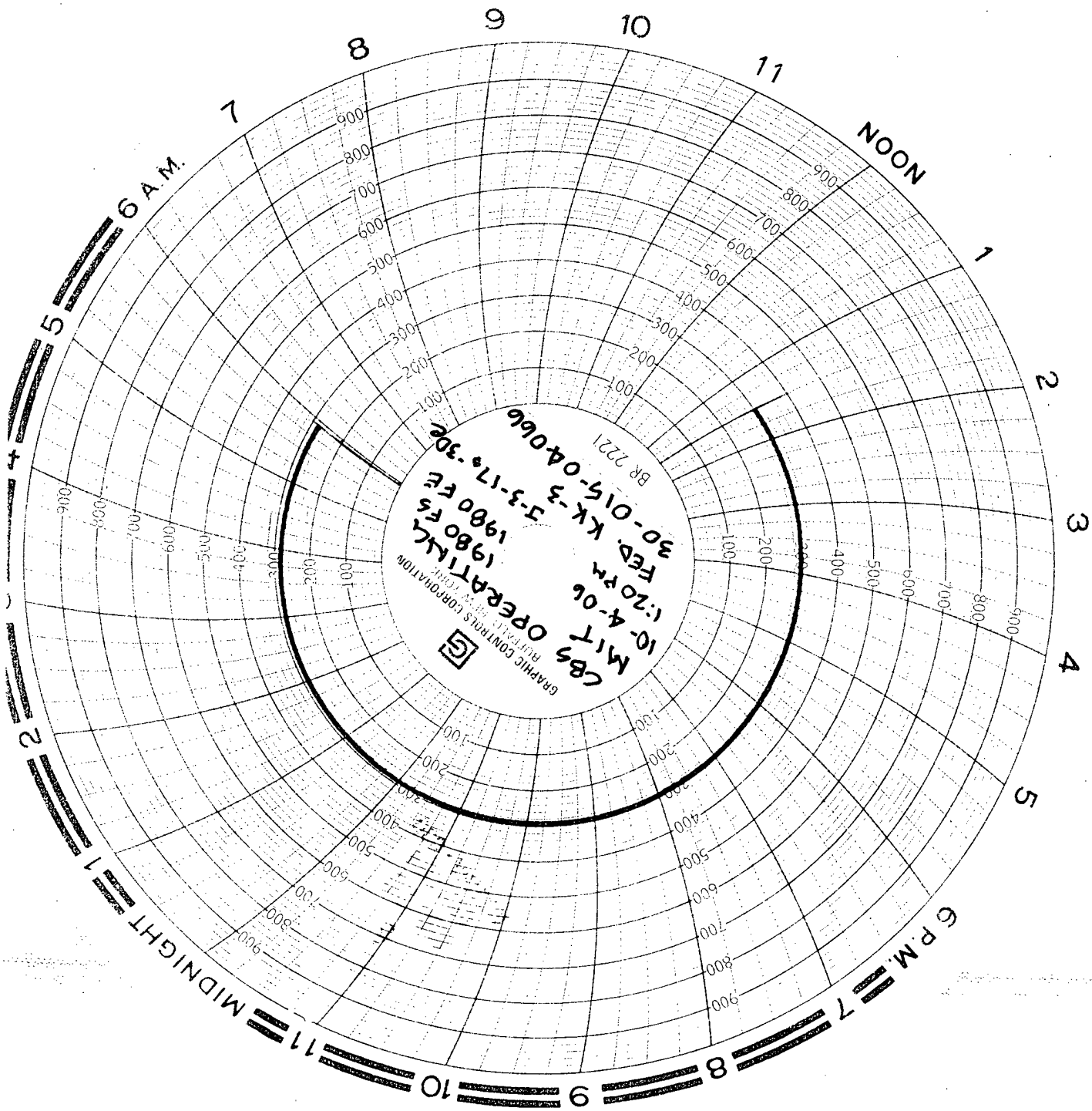
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: Return to injection; MIT <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.
- MI&RU 7-14-06. Located hole in casing between 260' and 350'.
 - RIH with 3" scab liner (ext. coated) on 2-3/8" IPC injection tubing and injection packer.
 - Set top of scab liner with vent packer at 230' and bottom of scab liner with vent packer at 380'.
 - Circulated hole with packer fluid.
 - Set packer at 2720'.
 - MIT 10-4-06 backside to 300# for 30 minutes, held okay. Chart attached.
 - Witnessed by M.A. Sirgo, III as per NMOCD representative's instructions.
 - Request to 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 10/11/06
Type or print name M. A. Sirgo, III E-mail address: mastres@aol.com Telephone No. 432/685-0878
For State Use Only

APPROVED BY: Gerry Guye TITLE Deputy Field Inspector DATE OCT 17 2006
District II - Artesia



GRAPHIC CONTROLS CORPORATION
RIVERSIDE, CALIF.
CBS OPERATIONS
MIT 4-06
10-4-06
FED. KK-3-3-17-30
30-015-04066
BR 2221
1980 FS
1980 FE