

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.	30-025-00048
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	
Moore (Devonian) Coop SWD System	
8. Well No.	3
9. Pool name or Wildcat	Moore (Devonian)

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER TA	2. Name of Operator Rhombus Energy Company	3. Address of Operator 200 N. Loraine, Suite 1270 Midland, TX 79701	4. Well Location Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Section 14 Township 11-S Range 32-E NMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4363' DF
--	---	--	---

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" 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"/>	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: <input type="checkbox"/>

12. 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.

Drill out bridge plug @ 10,191'. Drill out cement 10,626-10660'. Acidize Devonian OH 10,616-10,660'. Swab back load. Run inj. pkr and tbq. Circ pkr fluid. Set pkr and pres test annulus to 500# for 30 min. Put on injection.

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

SIGNATURE Gregory D. Cielinski TITLE President DATE 3-20-96

TYPE OR PRINT NAME Gregory D. Cielinski TELEPHONE NO. (915) 683-8873

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAY 21 1996

CONDITIONS OF APPROVAL, IF ANY:

