Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

# OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.
30-025-00063

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
B-9596-3

## 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.)

7. Lease Name or Unit Agreement Name
New Mexico BR State

1. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
Rhombus Operating Co., Ltd.

8. Well No.
2

3. Address of Operator
200 N. Loraine, SUite 1270, Midland, TX 79701

9. Pool name or Wildcat
Moore Devonian

4. Well Location
Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line

Section 24 Township 11S Range 32E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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

| NOTICE OF INTENTION TO: | | | | SUBSEQUENT REPORT OF: | | | |
|---|---|---|---|---|---|---|---|
| PERFORM REMEDIAL WORK | [ ] | PLUG AND ABANDON | [ ] | REMEDIAL WORK | [X] | ALTERING CASING | [ ] |
| TEMPORARILY ABANDON | [ ] | CHANGE PLANS | [ ] | COMMENCE DRILLING OPNS. | [ ] | PLUG AND ABANDONMENT | [ ] |
| PULL OR ALTER CASING | [ ] | | | CASING TEST AND CEMENT JOB | [ ] | | |
| OTHER: | [ ] | | | OTHER: | | | [ ] |

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.

4-94 Isolate Csg Leak 4467-5035'. Circ out bradenhead. Set cmt retainer @ 4467'. Sqz W/ 200 sx Cl 'c' w/ 2% CaCl. Sqz tp 1100 psi. Drill cmt & cmt rtnr. 4466-4636'. Swab test. Isolate Leak 4848-5100'. Attempt to Sqz. Unable to pump in @ 1600'#. Return to production.

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

SIGNATURE K. Mount TITLE Administrative Assistant DATE 3-26-98

TYPE OR PRINT NAME Kimberly Mount TELEPHONE NO. 915-683-8873

(This space for State Use)
ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR 09 1998