

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

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

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

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

WELL API NO.	30-025-00063
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	B-9596-3
7. Lease Name or Unit Agreement Name	New Mexico BR State
8. Well No.	2
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 D-101) FOR SUCH PROPOSALS.)

1. Type of Well:

Oil Well ☒

Gas Well ☐

OTHER

2. Name of Operator

Rhombus Operating Co., Ltd.

3. Address of Operator

200 N. Loraine, Suite 1270, Midland, TX 79701

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:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

3-98 POH w/ rods & pump. RIH w/ 4.343" gauge ring. Tag @ 3192'. Worked to 3536'. POH. RIH w/ 4-5/8" mill tooth bit & csg scrpr. Wash/Drill out 3455-5352'. Lost cone in hole. Ran csg inspection log 4952-2832'. Log indicated no pipe below 4840'; extreme metal loss 4840-4400', moderate pitting & metal loss 4400-4050', holes pitting & severe metal loss 4050-3320'. Appear to have drilled outside the casing @ ~4840'. Return to production.

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

SIGNATURE

Kim 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