

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

WELL API NO.
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L - 5120
7. Lease Name or Unit Agreement Name Tom State "36"
8. Well No. 2
9. Pool name or Wildcat Tomahawk San Andres

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER
2. Name of Operator Sandstone Oil & Gas
3. Address of Operator 1330 E. 8th St., Ste. 304
4. Well Location Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line Section 36 Township 7-South Range 31 East NMPM Chaves County
10. Elevation (Show whether DF, RKB, RT, CR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <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.

1. POH with rods and tbq.

2. Acidize all perforations in well bore from 4125 to 4217.

3. Swab Test

4. Hang well back on for production.

Estimated start date: 10/15/90

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

SIGNATURE DAVID TITLE VP DATE 9/28/90
TYPE OR PRINT NAME DAVID Moore TELEPHONE NO. 915 334 8531

(This space for State Use)

APPROVED BY JERRY SEXTON

APPROVED BY DATE 007 17 1990

CONDITIONS OF APPROVAL, IF ANY: