Submit 3 Copies
to Approviate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

| District Office | |
|---|--|
| DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088 | WELL API NO. 30-005-21105 |
| DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 | 5. Indicate Type of Lease |
| DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 | STATE X FEE |
| | L-5120 |
| 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 |
| I. Type of Well: OIL GAS WELL WELL OTHER | TOM "36" STATE |
| 2. Name of Operator | 8. Well No. |
| SANDSTONE OIL & GAS 3. Address of Operator 1330 E. 8th Street Suite #304 | 9. Pool name or Wildcat Tomahawk San Andres |
| 4. Well Location Unit Letter P: 660 Feet From The East Line and 6 | 560 Feet From The South Line |
| Section 36 Township 7-South Range 31-East | NMPM Chaves county |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4421.9 GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | |
| | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT | |
| PULL OR ALTER CASING CASING TEST AND CEMENT JOB X | |
| OTHER: OTHER: | |
| 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, is work) SEE RULE 1103. | ncluding estimated date of starting any proposed |
| Spuded 12 1/4" hole @ 10:45 A.M. 11-18-91 Drilled 12 1/4" hole to 1570'; run 8 5/8" 24# with 565 sx. 50/50 poz "C" & 200 sx. Class "Cement. Tested Casing to 1,000# for 15 minutes | C" with 2% CaCl. Circulated |
| Drill 7 7/8" hole to 4300'; Run 5 1/5" 15.5# c with 400 sx 50/50 poz "C" +2% CaCl. Tested Ca (12 hrs. W.O.C. time) | casing to 4300' and cemented asing to 1,800# for 1/2 hr. |
| | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. Signature Partne | nn 1070701 |
| TYPE OR PRINT NAME DAVID MOORE | DATE 12/2/91 TELEPHONE NO. |
| | |
| (This space for State Use) | |
| APPROVED BY CONTRACTOR TITLE | DATE |