

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

2040 South Pacheco
Santa Fe, New Mexico 86595

WELL API NO.

30-025-34491

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

V-4190-3

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT
(FORM C-101) FOR SUCH PROPOSALS)

1. Type of Well:

Oil Well ☒ Gas Well ☐ OTHER

2. Name of Operator

TMBR/Sharp Drilling, Inc.

3. Address of Operator

P. O. Drawer 10970, Midland, TX 79702

8. Well No.

1

9. Pool name or Wildcat

Wildcat; Upper Penn

4. Well Location

Unit Letter A : 330 Feet From The North Line and 330 Feet From The East

Section 18 Township 13S Range 36E NMPM County Lea

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

4005' GR

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 ABANDON ☒

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.

09/26/98

Set Plugs to P&A well as follows:

Plug #1	11,100 - 11,000'	30 sx CI H	Plug #9	2,290 - 2,190'	50 sx CI C
Plug #2	10,874 - 10,774'	30 sx CI H	Plug #10	500 - 400'	50 sx CI C
Plug #3	10,680 - 10,580'	30 sx CI H	Plug #11	30 - Surface	10 sx CI C
Plug #4	10,340 - 10,240'	30 sx CI H			
Plug #5	9,570 - 9,470'	30 sx CI H			
Plug #6	8,000 - 7,900'	30 sx CI H			
Plug #7	5,950 - 5,850'	30 sx CI H			
Plug #8	4,550 - 4,450'	50 sx CI C + CaCl, WOC 4 hrs & tag @ 4,425'.			

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

SIGNATURE

TITLE

Production Manager

DATE

05/24/01

TYPE OR PRINT NAME

Lonnie Arnold

TELEPHONE NO.

(915) 699-5050

(This space for State Use)

APPROVED BY

TITLE

DATE

JUL 13 2001

CONDITIONS OF APPROVAL, IF ANY: