

**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

7. Lease Name or Unit Agreement Name

State "18"

8. Well No.

1

9. Pool name or Wildcat

Wildcat; Upper Penn

**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

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.

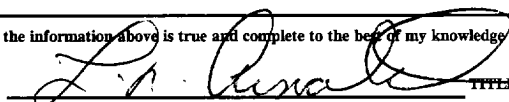
08/28/98 MIRU TMBR/Sharp Rig #23. Spudded well @ 11:00 PM 08/27/98.

08/29/98 Ran 11 jts (457') 13 3/8" 48# ST&C csg & set @ 453'. Cmt w/495 sx Prem Plus, 2% CaCl, 1/4% Flocele. Tag cmt @ 380'. PD @ 8:15 AM 08/28/98. Circ 108 sx.

09/03/98 Ran 101 jts (4526') 8 5/8" 32# csg @ set @ 4502'. Cmt w/900 sx Interstill "C" w/1/4# Flocele. Tail w/200 sx "C" w/2% CaCl2 + 1/4# Flocele. PD @ 6:00 AM 09/03/98. Circ 160 sx.

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

5/25/01

CONDITIONS OF APPROVAL, IF ANY: