Submit 3 Copies to Appropriate District Office

State of New Mexico Energ Inerals and Natural Resources Departme

Form C-103 Revised 1-1-89

DISTRICT I	OIL CONSERVATI	ON DIVISION				
P. O. Box 1980, Hobbs, NM 88240 2040 South Pacheco Santa Fe, New Mexico 86595			WELL API NO. 30-025-35104			
P. O. Drawer DD, Artesia, NM 88210				STATE X FEE		
DISTRICT III 6			6. State Oil & C	Gas Lease No.	_	
1000 Rio Brazos Rd., Aztec, NM 87410						
SUNDRY NOTIC	ES AND REPORTS ON WEL	IS			77,	
				Unit Agreement Name	Z	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT						
(FORM C-101) FOR SUCH PROPOSALS)				_		
1. Type of Well: Oil Gas			TMBR "10"	State		
Well X Well	OTHER					
2. Name of Operator 8. Well			8. Well No.			
TMBR/Sharp Drilling, Inc.						
3. Address of Operator 9. Po			9. Pool name or V	Pool name or Wildcat		
P. O. Drawer 10970, Midland, TX 79702			Wildcat			
4. Well Location						
Unit Letter L : 2630	Feet From The South	Line and 7	Y13 Feet F	From The West		
Section 10	Township 14S Ra	nge 34E NMPN	1	County Lea		
10. Elevation (Show whether DF, RKB, RT, GR, etc.)						
	4123				<u>//</u>	
11. Check App NOTICE OF INTE	propriate Box to Indicate Non NTION TO:	-	t, or Other Dat			
PERFORM REMEDIAL WORK	PLUG AND ABANDON X	REMEDIAL WORK	П	ALTERING CASING	İ	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABANDON		
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB			
OTHER:		OTHER:				
12. Describe Proposed or Completed Operations (work) SEE RULE 1103.	Clearly state all pertinent details, and	give pertinent dates, including es	stimated date of starti	ng any proposed	_	
WOLK) SEE ROBE 1103.						
See attached sheet.						
	71 110000	**************************************	ED 0.4			
TO LOMMISTON WISCOBEN OFFIED S FOR MEDICAL PROCESSING OF						
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	1 (12) A. F.					
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I hereby certify that the information above is true and	complete to the best of my knowledge and b	elief.		***************************************		
SIGNATURE J. N. WING	TITLE	Production Manager	DATE	9/25/02		
TYPE OR PRINT NAME Lonnie A	rnold		TELEPHON	NE NO. (915) 699-5050		
(This space for State Use)				NCT 14 2002		
APPROVED BY CRIGINA	L SIGNED BY TITLE		DATE	001142002		
CARY W.	WINK REPRESENTATIVE II/STAF	FMANAGER				