CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico nergy, M als and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	•			
DISTRICT I	OIL CONSERVATION	ON DIVISION		
P. O. Box 1980, Hobbs, NM 88240 2040 South Pacheco			WELL API NO.	
Santa Fe, New Mexico 86595			30-025-29132	
DISTRICT II			5. Indicate Type of Lease	
P. O. Drawer DD, Artesia, NM 88210			STA	TE X FEE
DIOPRICE III		-	6. State Oil & Gas Lea	se No.
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			A-1320	
	CES AND REPORTS ON WEL		. Lease Name or Unit A	greement Name
	OPOSALS TO DRILL OR TO DEEPEN VOIR. USE "APPLICATION FOR PER		. Lease Name of Omt A	greement Name
	C-101) FOR SUCH PROPOSALS)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1. Type of Well:			New Mexico EQ State	
Oil Gas Well X Well ☐	OTHER			
	OTHER		. Well No.	
2. Name of Operator				
TMBR/Sharp Drilling, Inc.			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
3. Address of Operator			9. Pool name or Wildcat	
P. O. Drawer 10970, Midland	I, TX 79702		Shoe Bar; Straw	n Northwest
4. Well Location	200 p. r. m. Cauth	r:	980 Feet From T	he East
Unit Letter	980 Feet From The South	Line and	Peet From 1	Luo.
Section 16	Township 16S Ran	nge 35E NMPM	County	Lea
	10. Elevation (Show wh	nether DF, RKB, RT, GR, etc.	-)	
11. Check A	ppropriate Box to Indicate N	ature of Notice, Repor	t, or Other Data	
NOTICE OF INT		SUBS	SEQUENT REPOR	RT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALT	ERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLU	G AND ABANDON
PULL OR ALTER CASING		CASING TEST AND CEN	MENT JOB X	
OTHER:		OTHER:		
12. Describe Proposed or Completed Operati	ons (Clearly state all pertinent details, ar	d give pertinent dates, including	g estimated date of starting	any proposed
work) SEE RULE 1103.				
A DILL AND A SECRETARION OF THE	a and tubing			
 RIH with perforating gun Perforated Strawn from ² 				
3. Acidized perfs with 1000				
4. Acidized perfs with 2200				
5. Swab test perfs.				
RD. Waiting on producti	on test.			
Note: Re-entry of Exxon Ne	w Mexico EQ State No. 1			
I hereby certify that the information above is true	and complete to the best of my knowledge and be	dief.		
SIGNATURE	Defellipante.	V. P. Production	DATE 01/	29/99
TYPE OR PRINT NAME	y D. Phillips		TELEPHONE NO.	(915) 699-5050
(This space for State Use)	515 1 464S			
ADBROVED BY	TITLE		DATE	