abmit 3 Copies State of New Mexico Appropriate Energy, Mails and Natural Resources Department Istrict Office							Form C-103 Revised 1-1-89		
DISTRICT I P. O. Box 1980, Hobbs, NM 88240 DISTRICT II P. O. Drawer DD, Artesia, NM 88210				WELL API NO. 30-025-29132 5. Indicate Type of Lease STATE X FEE					
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oi A-1320	& Ga	s Lease No).	<u></u>	
(DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. (FORM C-101) 1. Type of Well: Oil Gas	AND REPORTS ON W ALS TO DRILL OR TO DEE USE "APPLICATION FOR FOR SUCH PROPOSALS) OTHER	PEN O	R PLUG BACK TO	7. Lease Nan New Mo		nit Agreen EQ State			
2. Name of Operator				8. Well No.					
TMBR/Sharp Drilling, Inc. 3. Address of Operator P. O. Drawer 10970, Midland, TX 79702 4. Well Location					9. Pool name or Wildcat Shoe Bar; Strawn Northwest				
	Feet From The <u>Sot</u> Township <u>16S</u>	uth Rang	Line and re 35E NMI			om The	East Lea		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4003' GR									
11. Check Appro NOTICE OF INTEN	priate Box to Indicat FION TO:	te Na	ture of Notice, Rep SU	ort, or Othe BSEQUEN	r Dat I REI	a PORT O	F:		
	PLUG AND ABANDON		REMEDIAL WORK			ALTERIN	IG CASING		
	CHANGE PLANS		COMMENCE DRILLIN	IG OPNS.	X	PLUG AN	ID ABANDON		
PULL OR ALTER CASING			CASING TEST AND C	EMENT JOB					
OTHER:			OTHER:						
 Describe Proposed or Completed Operations (Cwork) SEE RULE 1103. Started re-entry on 11/27/98. Drilled out 8 cement plugs frod 3. RIH with drill pipe to 12,100'. Set cement plug from 12,000- Ran 5-1/2" casing from 11,886 Cemented casing with 220 sx 7. RD RR rig 12/2/98. Note: Re-entry of Exxon New Methods and statemethology (Second Second Seco	om surface to 11,760 Ran diplog from 12, -11,880' (50 sx Class 0' - surface. - Class C. exico EQ State No. 1	'. 100-9 H).	9700'.	ling estimated da	te of sta	urting any p	roposed		
I hereby certify that the information shove is true and con	plete to the best of my knowledge	and beli	ef.				<u> </u>		

l hereby certify that the information abov	e is true and complete to strepest of my knowledge and b	V. P. Production	DATE01	/25/99
TYPE OR PRINTNAME	heffrey D. Phillips		TELEPHONE NO	(915) 699-5050
(This space for State Use)				
APPROVED BY	TITLE			

CONDITIONS OF APPROVAL IF ANY:

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