## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I	OIL CONSERVATION	ON DIVISION	
P. O. Box 1980, Hobbs, NM 88240	4040 C 41 P 1		WELL API NO.
Santa Fe, New Mexico 86595		30-025-34196	
DISTRICT II			5. Indicate Type of Lease
P. O. Drawer DD. Artesia, NM 88210			STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO			7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT			
(FORM C-101) FOR SUCH PROPOSALS)  1. Type of Well:			Eidson "26"
Oil Gas			
Well 🔀 Well 🗌	OTHER	1	
2. Name of Operator			8. Well No.
TMBR/Sharp Drilling, Inc.			1
3. Address of Operator			9. Pool name or Wildcat
P. O. Drawer 10970, Midland, T	Y 70702		Shoebar (Devonian)
4. Well Location	X 13102		Onoobar (Boroman)
Unit Letter C : 990	Feet From The North	Line and	1650 Feet From The West
		35E NMP	M County Lea
Section 26 Township 16S Range 35E NMPM County Lea  10. Elevation (Show whether DF, RKB, RT, GR, etc.)			
3967' GR			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	MPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDON		
PULL OR ALTER CASING CASING TEST AND C			EMENT JOB X
OTHER:	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.			
11/19/97 Spudded well @ 6	:30 PM 11/18/97.		
11/20/97 Ran 11 jts (475') 13 3/8" 48# H-40 csg & set @ 428'. Cmt w/445 sx 2% CaCl mixed w/1/4# Flocele. PD @ 6:30 AM 11/19/97. Circ 215 sx.			
11/29/97 Ran 113 jts (4879.01') <u>8 5/8"</u> 32# J-55 & N-80 csg & set @ 4895'. Cmt w/1150 sx Prem 50/50 Poz + 1/4# Flocele. Tail w/200 sx Prem Plus + 2% CaCl. Circ 54 sx cmt to surface.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Afficia	). Philips TITLE _	V. P. Production	DATE 12/16/97
TYPE OR PRINT NAME Jeffrey D	, . Phillips		TELEPHONE NO. (915) 699-5050