

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. **5**
30-025-35257

5. Indicate Type of Lease

STATE ☐ FEE ☒

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
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

7. Lease Name or Unit Agreement Name

Blue Fin "24"

8. Well No.

1

9. Pool name or Wildcat

Townsend (Morrow)

4. Well Location

Unit Letter **M** : **660** Feet From The **West** Line and **760** Feet From The **South**

Section **24** Township **16S** Range **35E** NMPM County **Lea**

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3964' 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.

05/22/01 Drilled 7-7/8" hole to 12,687'. Ran 299 jts 5-1/2" 17# N-80 & MAV-95 8rd LT&C casing and set at 12,687'. DV tool at 8885'.

Cement 1st stage w/1025 sx "H" + 1% FL-62 + .3% BA-10 + .3% CD-32 + .2% R-3. Plug down at 8:50 PM 05/21/01. Open DV tool and circ for 2nd stage.

Cement 2nd stage w/680 sx CI "H" 35/65 Poz + 6% gel + .4% FL-52 + 100 sx CI "H" Neat. Plug down at 11:15 AM 05/22/01.

ND stack and nipple up 7-1/16" 10,000# wellhead and BOP.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Lonnie Arnold

TITLE

Production Manager

DATE

06/19/01

TYPE OR PRINT NAME

Lonnie Arnold

TELEPHONE NO.

(915) 699-5050

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

