

**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: ☐

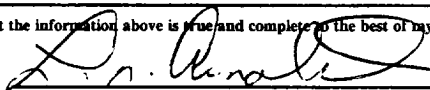
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

04/11/01 Drilled 11" hole to 4924'. Ran 116 jts of 8-5/8" 32# K-55 & MV-80 casing and set @ 4922'.  
Cemented w/2500 sx 65/35 Poz + 5% salt + 1/4# celloflake + 250 sx "C" Neat. Plug down at 8:04 PM  
04/10/01. Circ 430 sx to surface.

04/12/01 Test BOP and 8-5/8" casing to 1000 psi, held ok.

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

SIGNATURE



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:

