## State of New Mexico Energ. Inerals and Natural Resources Departme.

Form C-103 Revised 1-1-89

| DISTRICT I   | OIL CONSERVATION                                 | ON DIVISION                      |                                |                          |
|--|--|----------------------------------|--------------------------------|--------------------------|
| P. O. Box 1980, Hobbs, NM 88240  | 2040 South Pacheco<br>Santa Fe, New Mexico 86595 |                                  | WELL API NO.<br>30-025-34915   |                          |
| DISTRICT II  | Santa Fe, New Me                                 | XICO 00393                       |                                | <del></del>              |
| P. O. Drawer DD, Artesia, NM 88210   |  |                                  | 5. Indicate Type               | STATE X FEE              |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410                                      |  |                                  | 6. State Oil & C               |                          |
| SUNDRY NOTION  | CES AND REPORTS ON WELL                          | LS                               |                                |                          |
| !  | POSALS TO DRILL OR TO DEEPEN O                   | *                                | 7. Lease Name or               | Unit Agreement Name      |
|  | VOIR. USE "APPLICATION FOR PERM                  | i i                              |                                | - In right comment remit |
|  | -101) FOR SUCH PROPOSALS)                        |                                  |                                |                          |
| 1. Type of Well:   |  |                                  | Angell Phill                   | lips "13" State          |
| Oil Gas<br>Well X Well   | OTHER  |                                  |                                |                          |
| 2. Name of Operator  |  |                                  | 8. Well No.                    |                          |
| TMBR/Sharp Drilling, Inc.  |  |                                  | 1                              |                          |
| 3. Address of Operator   |  |                                  | 9. Pool name or V              | Vildcat                  |
| P. O. Drawer 10970, Midland, TX 79702  |  |                                  | Vacuum; Blinebry, NE           |                          |
| 4. Well Location   |  |                                  |                                |                          |
| Unit Letter P : 990  | Feet From The South                              | Line and                         | 990 Feet I                     | From The East            |
| Section 13   | Township 17S Ran                                 | ge 35E NMP                       | M                              | County Lea               |
|  | 10. Elevation (Show wh                           | ether DF, RKB, RT, GR, e         | tc.)                           |                          |
| //////////////////////////////////////   |  |                                  |                                |                          |
| 11. Check Ap NOTICE OF INT   | opropriate Box to Indicate Na<br>ENTION TO:      | 1                                | t, or Other Dat<br>BSEQUENT RE |                          |
| PERFORM REMEDIAL WORK  | PLUG AND ABANDON                                 | REMEDIAL WORK                    |                                | ALTERING CASING          |
| TEMPORARILY ABANDON  | CHANGE PLANS                                     | COMMENCE DRILLING                | G OPNS.                        | PLUG AND ABANDON         |
| PULL OR ALTER CASING   |  | CASING TEST AND CE               | MENT JOB X                     |                          |
| OTHER:   |  | OTHER:                           |                                |                          |
| <ol> <li>Describe Proposed or Completed Operations<br/>work) SEE RULE 1103.</li> </ol> | (Clearly state all pertinent details, and gi     | ive pertinent dates, including e | estimated date of starti       | ng any proposed          |
| See attachment.  |  |                                  |                                |                          |
|  |  |                                  |                                |                          |
|  |  |                                  |                                |                          |
|  |  |                                  |                                |                          |
|  |  |                                  |                                |                          |
|  |  |                                  |                                |                          |
|  |  |                                  |                                |                          |
| I hereby certify that the information above is true an                                 | d complete to the best of the knowledge and bel- | ief                              |                                |                          |
| $\mathcal{L}_{\lambda}$  | $(\mathcal{L})$                                  |                                  |                                |                          |
| SIGNATURE J 11. VU   | TITLE _  | Production Manager               | DATE                           | 03/22/2001               |
| TYPE OR PRINT NAME Lonnie  | Arnold   |                                  | TELEPHON                       | E NO. (915) 699-5050     |
| (This space for State Use)   |  |                                  |                                |                          |
| APPROVED BY  | TITLE  |                                  | DATE                           | 198 5 2001               |
| CONDITIONS OF APPROVAL, IF ANY:  |  |                                  |                                |                          |