

DISTRICT I
P. O. Box 1980, Hobbs, NM 88240

2040 South Pacheco
Santa Fe, New Mexico 86595

DISTRICT II
P. O. Drawer DD, Artesia, NM 88210

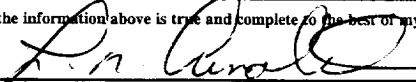
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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)		WELL API NO. 30-025-34915
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> OTHER		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator TMBR/Sharp Drilling, Inc.		6. State Oil & Gas Lease No. E7567
3. Address of Operator P. O. Drawer 10970, Midland, TX 79702		7. Lease Name or Unit Agreement Name Angell Phillips "13" State
4. Well Location Unit Letter P : 990 Feet From The South Line and 990 Feet From The East Section 13 Township 17S Range 35E NMPM County Lea		8. Well No. 1
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3909' GR		9. Pool name or Wildcat Vacuum; Blinebry, NE

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

See attachment.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE		TITLE	Production Manager
TYPE OR PRINT NAME		DATE	03/22/2001
Lonnie Arnold		TELEPHONE NO.	(915) 699-5050
(This space for State Use)			
APPROVED BY		TITLE	DATE
		Geologist	3 2001
CONDITIONS OF APPROVAL, IF ANY:			