

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-35393
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		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.
3. Address of Operator P. O. Drawer 10970, Midland, TX 79702		7. Lease Name or Unit Agreement Name: TMBR "14" State
4. Well Location Unit Letter <u>P</u> : <u>990</u> feet from the <u>South</u> line and <u>330</u> feet from the <u>East</u> line Section <u>14</u> Township <u>17S</u> Range <u>35E</u> NMPM Lea County		7. Well No. 2
10. Elevation (Show whether DR, RKB, RT, GR, etc.) GR 3915'		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: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: Bradenhead Squeeze <input checked="" 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

See attached sheet.

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

SIGNATURE [Signature] TITLE Production Manager DATE 02/26/03

Type or print name Lonnie Arnold Telephone No. (915) 699-5050

(This space for State use)

APPROVED BY [Signature] ORIGINAL SIGNED BY GARY W. WINK DATE MAR 04 2003

Conditions of approval, if any: OC FIELD REPRESENTATIVE II/STAFF MANAGER