

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. 30-025-35393
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name  TMBR "14" State
8. Well No. 2
9. Pool name or Wildcat Vacuum; Blinebry, NE

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> OTHER	
2. Name of Operator TMBR/Sharp Drilling, Inc.	
3. Address of Operator P. O. Drawer 10970, Midland, TX 79702	
4. Well Location Unit Letter P : 990 Feet From The South Line and 330 Feet From The East Section 14 Township 17S Range 35E NMPM County Lea	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3915' GR	

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 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: Bradenhead Squeeze <input checked="" 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	<u>Lonnie Arnold</u>	TITLE	<u>Production Manager</u>	DATE	<u>8/5/2002</u>
TYPE OR PRINT NAME	<u>Lonnie Arnold</u>	TELEPHONE NO.	<u>(915) 699-5050</u>		

(This space for State Use)

APPROVED BY	TITLE	DATE
	<u>OC FIELD REPRESENTATIVE II/STAFF MANAGER</u>	<u>AUG 09 2002</u>

CONDITIONS OF APPROVAL, IF ANY: