

ATTACHMENT TO FORM C-103

- 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.**

Bradenhead Squeeze

1. Rig up completion unit. POOH w/rods and pump. NU BOP and POOH with tubing.
2. Pick up 5½" RBP and packer and GIH w/tubing. Set RBP ±100' above top perf. Test RBP then test 5½" casing.
3. If 5½" casing tests ok, POOH w/tbg and packer.
4. Bradenhead squeeze w/225 sx premium + 2% CaCl₂. Displace cement to ±1300'. Leave SI overnight.
5. GIH w/retrieving tool and tubing. Retrieve 5½" RBP. POOH w/tbg.
6. GIH w/tubing. ND BOP, NU wellhead. Run pump and rods. Return well to production.

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.

30-025-35698

5. Indicate Type of Lease

STATE



FEE



6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

TMBR "14" State

8. Well No.

4

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



Gas

Well



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 O : 990 Feet From The South Line and 1650 Feet From The East

Section 14 Township 17S Range 35E NMPM County Lea

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3927' 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: Bradenhead Squeeze ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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See attachment.

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

SIGNATURE

Lonnie Arnold

TITLE

Production Manager

DATE

8/52002

TYPE OR PRINT NAME

Lonnie Arnold

TELEPHONE NO.

(915) 699-5050

(This space for State Use)

APPROVED BY

GARY W. WINK TITLE

DATE

AUG 09 2002

CONDITIONS OF APPROVAL, IF ANY:

OC FIELD REPRESENTATIVE II/STAFF MANAGER