Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-30657

5. Indicate Type of Lease STATE ☐ FEE ☑

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: TARA

1. Type of Well: OIL WELL ☑ GAS WELL ☐ OTHER

2. Name of Operator: LBO NEW MEXICO, INC.

8. Well No. 1

3. Address of Operator: 4101 BIRCH ST SUITE 130 NEWPORT BEACH, CALIF

9. Pool name or Wildcat: Undesignated DRINKARD/ABO

4. Well Location

Unit Letter F : 1980 Feet From The NORTH Line and 2310 Feet From The WEST Line

Section 26 Township 19 S Range 38 E NMPM LEA County

10. Elevation (*Show whether DF, RKB, RT, GR, etc.*) 3624 KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☑	
OTHER: ☐		OTHER: ☐	

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.

RAN 7913 FEET 5 1/2" CSG. SET @ 7920' CIRCULATED 320SX CLASS "C" WITH 4% GEL, 205 SX CLASS "C" TAIL, CIRCULATED 30 SX, WOC 6 HRS CUT OFF 1675SX CLASS "C" 4% GEL LEAD, 150SX CLASS "C" 2% AL, TAIL CIRCULATED 110SX WOC 48 HRS PERF 3890-95' 6 SPF SHOTS TESTED CASING SET CIBP @ 3850 PERF 7729-7721 (78 HOLES) TREATED WITH 15,000 GALS 20% HCL X-LINK (BJ TITAN)

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

SIGNATURE Donald A. Turner TITLE Geologist DATE 11-7-89

TYPE OR PRINT NAME DONALD A. TURNER TELEPHONE NO. 392-2963

(This space for State Use)

APPROVED BY Orig. Signed by Paul Kautz Geologist TITLE DATE NOV 8 1989

CONDITIONS OF APPROVAL, IF ANY: