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

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-32993

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: Family Trust

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

2. Name of Operator: TMBR/Sharp Drilling, Inc.

8. Well No. 1

3. Address of Operator 10990 P.O. Box ~~124~~ Midland, TX 79702

9. Pool name or Wildcat: Wildcat

4. Well Location
Unit Letter J : 1980 Feet From The South Line and 2150 Feet From The East Line

Section 6 Township 20-S Range 38-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3,577' GL

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.

6-19-95 Spud 17-1/2" hole @ 12:30Am CST & drill surf. hole to 340', run 9 jts. 13 3/8" 48# H40 STC csg., Set @ 340'. Cmt. W/400 sks. Prem.Plus w/2% CACL2, circ. 125 sks. to surf.

6-20-95 WOC 10 3/4 hrs. & test BOP & csg. to 500#.

6-21-95 Drlg. @ 2,352'.

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

SIGNATURE John Coffman TITLE Agent DATE 6-22-95

TYPE OR PRINT NAME John Coffman TELEPHONE NO. 915-683-8233

(This space for State Use)

APPROVED BY Orig. Signed by Paul Kautz Geologist TITLE DATE JUN 30 1995

CONDITIONS OF APPROVAL, IF ANY: