CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico En. , Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

| District Office | | AT PATRITUTANT | | | |
|--|---|--|--|--|---------------------------------|
| DISTRICT I P.O. Box 1980, Hobbs, NM 88240 | 7. Box 1980, Hobbs, NM 88240 2040 Pacheco St. Santa Fe, NM 87505 | | WELL API NO. 30-025-34148 5. Indicate Type of Lease STATE X FEE | | |
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 | | | | | |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | | | 6. State Oil & Gas Le 21606 | | |
| (DO NOT USE THIS FORM FOR PRO DIFFERENT RESER | CES AND REPORTS ON WEL POSALS TO DRILL OR TO DEEPEN VOIR. USE "APPLICATION FOR PEI 101) FOR SUCH PROPOSALS.) | OR PLUG BACK TO A | 7. Lease Name or Un | it Agreement Name | |
| 1. Type of Well: Oil. GAS WELL X | OTHER. | | State 30 | | |
| 2. Name of Operator | | | 8. Well No. | | |
| Cobra Oil & Gas Co 3. Address of Operator Decrease of Operator | rporation hita Falls, Texas | 76307-8206 | 9. Pool name or Wild | cat - Bone Sp | rings |
| 4 Wall Location | Feet From The North | | 1 | | Line |
| Unit Letter : : OOO | Feet From The | Line and | real from In | ic | Line |
| Section 30 | Township 24S R | nge 33E | nmpm Lea | 1 77777777777 | County |
| | 10. Elevation (Show whether 3546 | <i>DF,RKB,RT,GR,e</i> c.) 5' qr | | | |
| (///////////////////////////////////// | Appropriate Box to Indicate I | | eport, or Other D | ata | |
| NOTICE OF INT | | SUB | SEQUENT RE | PORT OF: | _ |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | X AL | TERING CASING | |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLING | OPNS. L PL | UG AND ABAND | ONMENT L |
| PULL OR ALTER CASING CASING TEST AND CE | | | EMENT JOB | | |
| OTHER: | | OTHER: | | | |
| 12. Describe Proposed or Completed Operation work) SEE RULE 1103. | | | | | |
| 5/1/98: Perforate tubing & packer, sw 6/8/98: Opened wel Halliburton, acidiz Xylene, 3000 gallon 25 balls in 4 group SCF/barrel nitrogen | abbed & flowed well 1, flowed pressure ed well with 500 ge s 7.5% Fercheck SC 100 total flus | l. 5/5/98: down, prepar allons Xylene with 1850 SC hed with 1100 | red to acidi e with Parac CF/barrel ni o gallons 2% | ze. Rig check & 50 trogen. KCl with | up)O gallo Droppeon 1850 |
| I hereby certify that the information above is true: SKINATURE ROTY Edward TYPE OR PRINT NAME ROTY | irds | belid. Production | Supervisor | DATE 6/23 940 716- TELEPHONE NO. | /98 5100 |
| (Thus space for State Use) | GARY MINK FIELD REP | | | DATE | 1 6 1998 |
| APPROVED BY | mi | £ | | - DAIL | |