

Submit 1 Copy To Appropriate District Office
District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico **Rec'd 05/26/2020 - NMOCD**
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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|---|--|---|
| 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.) | | WELL API NO. 30-005-64336 |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | | 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 2. Name of Operator Tamaroa Operating, LLC | | 6. State Oil & Gas Lease No. |
| 3. Address of Operator PO Box 866937, Plano, Tx 75086-6937 | | 7. Lease Name or Unit Agreement Name Bonanza |
| 4. Well Location Unit Letter <u>A</u> : <u>330</u> feet from the <u>N</u> line and <u>990</u> feet from the <u>E</u> line Section <u>21</u> Township <u>7S</u> Range <u>28E</u> NMPM County | | 8. Well Number 2H |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3977 GR | | 9. OGRID Number 328666 |
| | | 10. Pool name or Wildcat Elkins, SA |

12. 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"/> | P AND A <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> | |
| DOWNHOLE COMMINGLE <input type="checkbox"/> | | | |
| CLOSED-LOOP SYSTEM <input type="checkbox"/> | | | |
| OTHER: <input type="checkbox"/> | | OTHER: Completion <input checked="" type="checkbox"/> | |

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

3/19/2020: Elite Well Service pumped water to open toe sleeve @ 4560 psi. The toe was acidized w/4560 gallons of 15% NEFE acid flused with 300 bbls water.

3/23 to 25/2020: Elite Well Services fracked the well in 23 stages from 2705 to 6820' with 44936 bbls fresh water gel carrying 1,302,727 lbs 20/40 white sand and 469,468 lbs 20/40 RC sand. After the job a kill plug was set @ 1400'.

3/31 to 4/2/20: Drill out frack plugs

4/27/20: RIH w/ PC Pump Stator and 2 7/8" L-80 tubing, set pump @ 2504'. Run pump rotor and 1" rods. Start pumping well at 6:45 pm 4/27/20.

Spud Date:

June 14, 2019

Rig Release Date:

February 3, 2020

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

SIGNATURE [Signature] TITLE Consultant DATE 5/24/20
Type or print name Phelps White E-mail address: pwiv@zianet.com PHONE: 575 626 7660

For State Use Only

APPROVED BY: Accepted for Record Only TITLE Amended C-103 to follow DATE ab 5/26/2020
Conditions of Approval (if any):