

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-34260
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No. N/A
Lease Name or Unit Agreement Name Emerald
Well No. 1
Pool name or Wildcat Nadine Drinkard Abo

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.)

Type of Well:
OIL WELL GAS WELL OTHER

Name of Operator
Trilogy Operating, Inc

Address of Operator
P. O. Box 7606, Midland, Texas 79708

Well Location
Unit Letter J : 1650 Feet From The South Line and 2310 Feet From The East Line
Section 24 Township 19S Range 38E NMPM Lea County

Elevation (Show whether DF, RKB, RT, GR, etc.)
3581 GR

11 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"/>	PLUG AND ANBANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: Add Perforations _____ <input checked="" type="checkbox"/>	

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.

8/22/00 - MIRU pulling unit, perforate Drinkard Formation from 7086' - 7112' w/ 2 spf total 53 holes - RIH w/ Pkr & RBP, set RBP @ 7221' to isolate Abo perforations

8/23/00 - Acidize Drinkard Perforations w/ 2500 gals 15% NEFE- swab test

8/25/00 - RIH and retrieve RBP - POH & run production eqpt - well in production

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

SIGNATURE Michael G. Mooney TITLE Consulting Engineer DATE 08-31-00
TYPE OR PRINT NAME Michael G. Mooney TELEPHONE NO. 915/686-2027

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

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