

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-27457
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Sims Simms 35 State
Well No. 1
Pool name or Wildcat Southeast Lea Wolfcamp /Osudo Morrow West

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
Name of Operator Trilogy Operating, Inc.
Address of Operator PO Box 7606, Midland, TX 79708
Well Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line Section 35 Township 20S Range 35E NMPM Lea County
Elevation (Show whether DF, RKB, RT, GR, etc.) 3682' GR

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- OTHER: Acres Dedication
- PLUG AND ABANDON
- CHANGE PLANS

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING TEST AND CEMENT JOB
- OTHER:
- ALTERING CASING
- PLUG AND ANBANDONMENT

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.

Trilogy Operating, Inc. will reform the existing Spacing units for its Simms 35 State #1 well from the current unit of the North half (N/2) of Section 35, T-20-S, R-35-E, Lea County, New Mexico to the East half (E/2) of Section 35, T-20S, R-35-E, Lea County, New Mexico. Plat attached represent new acreage dedication.



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

SIGNATURE Jerry A. Weant TITLE President DATE 05-16-2002

TYPE OR PRINT NAME Jerry A. Weant

TELEPHONE NO. 915-686-2027

(This space for State Use)

APPROVED BY _____ TITLE ORIGINAL SIGNED BY PAUL F. KAUTZ PETROLEUM ENGINEER DATE MAY 22 2002

CONDITIONS OF APPROVAL, IF ANY:

5
7

District I
PO Box 1980, Hobbs, NM 88241-1980

District II
811 South First, Artesia, NM 88210

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

District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-102
Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number 30-025-27457		2 Pool Code 80080 and 82240		3 Pool Name Southeast Lea Wolfcamp/Osudo Morrow West	
4 Property Code 25443	5 Property Name Sims Simms 35 State			6 Well Number 1	
7 OGRID No. 021602	8 Operator Name Trilogy Operating, Inc.			9 Elevation 3680	

10 Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West Line	County
B	35	20S	35E		660	North	1980	East	Lea

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West Line	County
12 Dedicated Acres 320		13 Joint or Infill		14 Consolidation Code		15 Order No.			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16				<p>17 OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief</p> <p><i>[Signature]</i> Signature Jerry A. Weant Printed Name President Title 05-16-2002 Date</p>	
	<p>18 SURVEYOR CERTIFICATION</p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief</p> <p>Date of Survey Signature and Seal of Professional Surveyer:</p>			<p>Certificate Number</p>	
	<p>19</p>				
	<p>20</p>				

J