

Santa Fe Main Office
Phone: (505) 476-3441 Fax: (505) 476-3462
General Information
Phone: (505) 629-6116

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

Online Phone Directory Visit:
<https://www.emnrd.nm.gov/ocd/contact-us/>

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

WELL API NO.
30-025-35985

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
Trinity Burrus Abo Unit

8. Well Number 026

9. OGRID Number
330608

10. Pool name or Wildcat
Trinity;Wolfcamp

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.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other INJECTION WELL

2. Name of Operator
Roughhouse Operating, LLC

3. Address of Operator
16051 Addison Rd, Suite 300, Addison, Texas 75001

4. Well Location

Unit Letter B: 330' feet from the North line and 2000' feet from the East line.

Section 27 Township 12S Range 38E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
GL 3797

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: REPAIR WELL ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: ☐

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.

Repair HIT and return well to injection.

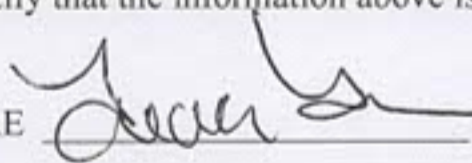
Spud Date:

9/19/2002

Rig Release Date:

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

SIGNATURE



TITLE Production Reporting Analyst

DATE 4-14-25

Type or print name Traci Folmar

E-mail address: tfolmar@roughhouseoperating.com

PHONE: 972-768-6426

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):



WORK PLAN

Trinity Burrus Abo Unit #26

30-025-35985

TOOH

FIND HOLE IN TUBING

TIH

PUT WELL ON

ROUGHHOUSE OPERATING, LLC
TBAU 26
30-025-35985

18.626" TOC @ 0' MD

CONDUCTOR
20" 48# H-40 BTC
40' MD

SURFACE Casing
13.375" 32# J-55 BTC
400' MD

INTERMEDIATE Casing
8.625" 32# N80 & J55 BTC
4,500' MD

HOLE IN TUBING

PRODUCTION Casing
5.5" 32# N-80 & J-55 T&C NU
9,260' MD

Tubing #1
2.375" 4.7# N80 T&C NU
8,981' MD
Packer @ 8,982' MD

Perforation
9,036' - 9,094' MD

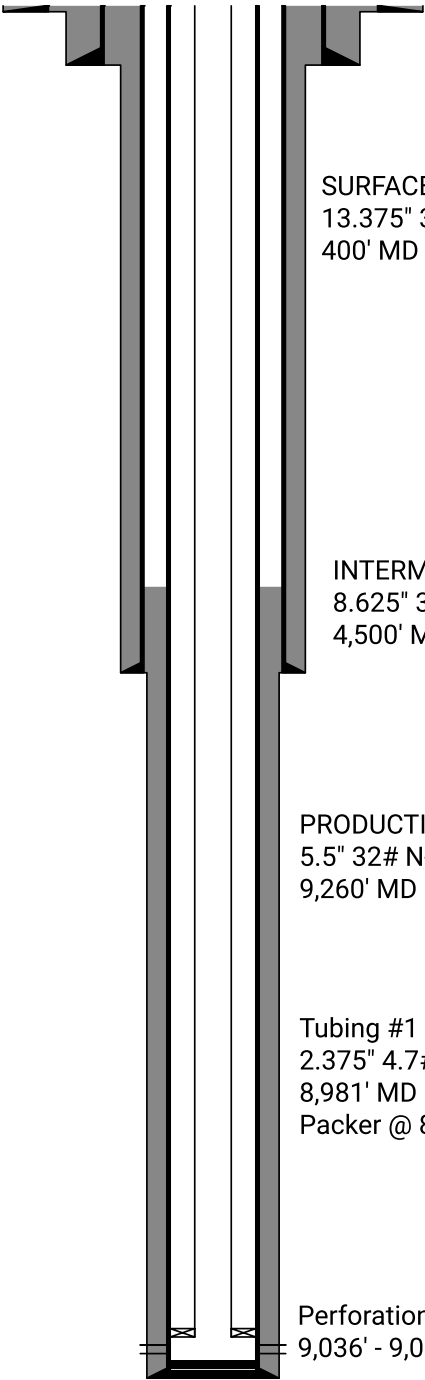
TBAU INJECTION WELL #26
Unit B
Sec 27 - T12S - R 38E
330' FNL & 2000' FEL
Lea County, New Mexico

4/15/2025

Wellbore Diagram by WellboreBuilder.com

ROUGHHOUSE OPERATING, LLC
TBAU 26
30-025-35985

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CONDITIONS

Action 452793

CONDITIONS

Operator: Roughhouse Operating, LLC 16051 Addison Road Addison, TX 75001	OGRID: 330608
	Action Number: 452793
	Action Type: [C-103] NOI Workover (C-103G)

CONDITIONS

Created By	Condition	Condition Date
gcordero	Must use same size tubing	4/22/2025
gcordero	Packer depth must be the same	4/22/2025
gcordero	Passing MIT test in accordance with 19.15.26.11 NMAC.	4/22/2025