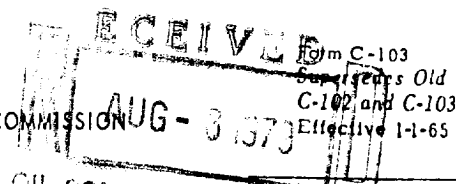


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NEW MEXICO OIL CONSERVATION COMMISSION



OIL CONSERVATION DIVISION SANTA FE	5a. Indicate Type of Lease Section ☒ Fee ☒
5. State Oil & Gas Lease No.	

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. ☐ OIL WELL ☐ GAS WELL ☒ OTHER- <u>CO2</u>	7. Unit Agreement Name
2. Name of Operator <u>Texas Pacific Oil Company Inc.</u>	8. Farm or Lease Name <u>Trigg</u>
3. Address of Operator <u>P.O. Box 4067 Midland, Texas 79701</u>	9. Well No. <u>1</u>
4. Location of Well UNIT LETTER <u>0</u> <u>990</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>2</u> TOWNSHIP <u>15 N</u> RANGE <u>28 E</u> NMPM.	10. Field and Pool, or Wildcat <u>Wildcat</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>4635' GR</u>	12. County <u>S. Miguel</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐ OTHER <u>well completion</u> ☒	PLUG AND ABANDON ☐ CHANGE PLANS ☐ REMEDIAL WORK ☐ COMMENCE DRILLING OPNS. ☐ CASING TEST AND CEMENT JOBS ☐ OTHER ☐ ALTERING CASING ☐ PLUG AND ABANDONMENT ☐

17. 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.

- Proposed well completion
1. Circulate to PBTD w/ 3% KCl water
 2. log from PBTD to 1350'
 3. Spot HSA Acid F/ Btm perf point (5081' - 4860') Approx.
 4. Perf Est. F/ 5081' up to 4907'
 5. Run packer set at approx 4840' & Acidize w/ 2000 gals.
 6. Test well.

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

SIGNED <u>C. Engleman</u>	TITLE <u>Reg Oper Supt.</u>	DATE <u>8-2-79</u>
APPROVED BY <u>Carl Ulvog</u>	TITLE <u>SENIOR PETROLEUM GEOLOGIST</u>	DATE <u>8/6/79</u>
CONDITIONS OF APPROVAL, IF ANY:		