

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  
 Energy, Minerals and Natural Resources  
 CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Amended to show size of Casing Tested  
 Form C-103  
 Revised July 18, 2013

RECEIVED  
 MAR 17 2020  
 EMERALD-OCDARTESIA

WELL API NO. 30-005-64338
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VB-28310000
7. Lease Name or Unit Agreement Name Hank State 1P SWD
8. Well Number 1
9. OGRID Number 328666
10. Pool name or Wildcat Devonian-SWD Devonian-Silurian

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 SWD

2. Name of Operator Tamaroa Operating, LLC

3. Address of Operator PO Box 866937, Plano, Tx 75086-6937

4. Well Location  
 Unit Letter D : 330 feet from the N line and 330 feet from the W line  
 Section 21 Township 8S Range 28E NMPM County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
 4001 GR

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: Casing test, drill ahead, TD and logs <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.

A 5000 psi BOP was installed on the 9 5/8" casing head. The 9 5/8" Casing and BOP were tested to 1200 psi for 30 minutes with no leakoff - Test OK as reorted on C-103 dated 2/15/20.

Commenced drilling an 8 3/4" hole at 8:50 am 2/15/20. The well was TDd @ 7474' at 11:00 am 2/25/20. Halliburton logged the well with a Triple Combo log and cut 10 sidewall cores.

Spud Date:  Rig Release Date:

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

SIGNATURE [Signature] TITLE Consultant DATE 3/13/20

Type or print name Phelps White E-mail address: pwiv@zianet.com PHONE: 575 626 7660

APPROVED BY: [Signature] TITLE Staff DATE 3/24/20

Conditions of Approval (if any):