

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

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

WELL API <b>30-025-36788</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. <b>N/A</b>
7. Lease Name or Unit Agreement Name <b>Robinson</b>
8. Well Number <b>1</b>
9. OGRID Number <b>21602</b>
10. Pool name or Wildcat <b>Nadine: Blinebry East</b>

Pit or Below-grade Tank Application ☐ or Closure ☐  
Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_  
Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

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 \_\_\_\_\_

2. Name of Operator  
**Trilogy Operating, Inc.**

3. Address of Operator  
**P.O. Box 7606 Midland, Tx. 79708**

4. Well Location  
Unit Letter **L** : **1972** feet from the **South** line and **342** feet from the **West** line  
Section **19** Township **19S** Range **39E** NMPM County **Lea**

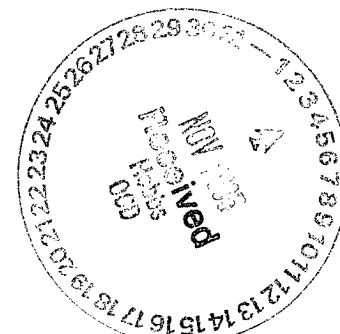
11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**3575 GR**

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"/>	
OTHER: <input type="checkbox"/>		OTHER: <b>Recompletion</b> <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

9/16/2205 - MIRU WL. Set CIBP @ 6484'. Perforate Blinebry from 6130'-6354'. 2 spf = 104 holes. RDMO WL.  
9/19/2005 - MIRU BJ Services, acidize w/ 5000 gals 15% NEFE. Swab tubing dry after recovering 88 bbls of load.  
9/20/2005 - MIRU BJ Services and frac down 5 1/2 csg @ 45 bpm w/ 152,500# of frac sand. RDMO frac equipment and SWION to allow gel to break & resin set.  
9/22/2005 - HWO & PWTP  
End of report



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE \_\_\_\_\_ TITLE **Geological Assistant** DATE **11/3/05**

Type or print name **Chris Smith**  
For State Use Only

E-mail address: **csmith@trilogyoperating.com** Telephone No. **432 686-2027**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):

**PETROLEUM ENGINEER**

**2A Nadine Drinkard-Abo** **JAN 05 2006**