

Submit 3 Copies To Appropriate District
Office
District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88211

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

RECEIVED

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

MAY 18 2009

HOBBSDOCD

WELL API NO.

30-025-21947

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

E 7990

7. Lease Name or Unit Agreement Name

Joannie State

8. Well Number 1

9. OGRID Number

10. Pool name or Wildcat

SWD: Queen

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

Tritex Resources LLC

3. Address of Operator

P.O. Box 1466, Artesia, NM 88211

4. Well Location

Unit Letter C : 660 feet from the North line and 1980 feet from the West line

Section 8 Township 18 S Range 34 E NMPM Edley LEA County

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

4071 KB

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

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 ☐

OTHER: ☐

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1/30/09 Pumped 600 gal 15% HCl Injection lowered to 2100#

2/20/09 Flow back well flow down in 30 min. Acid with 2000 gal 15% NEFE . Flowed back acid.

2/21/09 Injection lowered to 1900#.

5/5/09 Flow back well, flowed down in 30 min. Acid with 3000 gal 15% NEFE and paraffin solvent. SIW for 2 hrs. flowed back.

5/7/09 Injection pressure 1600#

Will run a Step rate test.

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 NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE

TITLE Geologist DATE 5/15/09

Type or print name

E-mail address: rharrisnm@yahoo.com Telephone No. 575.308.0722

For State Use Only

APPROVED BY:

TITLE DISTRICT 1 SUPERVISOR

DATE MAY 19 2009