

State of New Mexico
Energy, Minerals and Natural Resources

RECEIVED

OIL CONSERVATION DIVISION

MAY 18 2009

HOBBSUCD

1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.
30-025-24787 ✓

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
VB 0176

7. Lease Name or Unit Agreement Name

Lusk 16 State ✓

8. Well Number 4 ✓

9. OGRID Number

261945

10. Pool name or Wildcat
SWD ; Delaware ✓

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 I : 2030 feet from the South line and 660 feet from the East line ✓Section 16 Township 19 S Range 32 E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3616 Gr

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.

1/29/09 Pumped 600 gal 15% HCl Injection lowered to 1000#

5/8/09 . Acid with 1000 gal 15% NEFE and paraffin solvent. Put back on injection.

5/9/09 Injection pressure 900#

Ready for re-inspection

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
For State Use Only

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

APPROVED BY: Ray W. Hill TITLE DISTRICT 1 SUPERVISOR DATE MAY 19 2009

Conditions of Approval (if any):