## State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT I

CONDITIONS OF APPROVAL, IF AN

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240  2040 Pacheco St.  Santa Fe, NM 87505			WELL API NO. 30-025-36221	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			sIndicate Type of Lea	ase STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			₀State Oil & Gas Lea N/A	
SUNDRY NOTICES AND REPORTS ON WELLS			an and a second	
(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.)  1Type of Well:			₁Lease Name or Uni Diamond	it Agreement Name
OIL GAS WELL OTHER				
₂Name of Operator Trilogy Operating, Inc			₃Weli No. 3	
<sup>3</sup> Address of Operator P.O. Box 7606, Midland Texas 79708			₀Pool name or Wildo Nadine : Drinka	
₄Well Location  Unit LetterD :990	Feet From The North	Line and 760	Feet From The	West Line
Section 24	Township 19S F	Range 38E	NMPM	Lea County
	<sup>10</sup> Elevation (Show whether DF, 3599 GR		14(4)1 14(	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data				
NOTICE OF INTENTION TO: SUBS			SEQUENT RE	EPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPN			PNS.	PLUG AND ANBANDONMENT
PULL OR ALTER CASING CASING TEST AND CE			NT JOB	
OTHÉR: MERCHANIS WAS TO COMPANY A	4	OTHER: Abo Complet	ion	Aur 278 - 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
12Describe Proposed or Completed Operations work) SEE RULE 1103.	(Clearly state all pertinent details, and give	pertinent dates, including est	timated date of starting	g any proposed
11/8/03 - Add perforations from the A 7482'-7486' , 7496'-7500'	Abo Formation as follows, 7386'-73 , 7510'-7516' , 7524'-7528' , 7558'	390' , 7396'-7400' , 7428 -7558' w/ 1 spf = 52 ho	00 / بنياد الأرام المام	-001- 4EN LIOI
11/20/03 - Swab back load & put we	Il in production			12224
12/20/03 - Production test @ 12 BOI	PD + 48 BWPD + 96 MCFD from D	Orinkard-Abo Field		200 gais 15% HCL  15%
				ALC: 11/01/08 1 3 3 4 5 0 5 1
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Ufferful	y Many III	LE Engineer		DATE 01-18-2004
TYPE OR PRINT NAME Michael G. Moone	y /			TELEPHONE NO. 915/ 686-2027
(This space for State Use)	Jink months	EELD REPRESENTATI	VESTISTAFF W	DATE LA N
V W - V		J-800 20		DATE AN O COL