

State of New Mexico
Energy, Minerals and Natural Resources**RECEIVED**

AUG 04 2010

HOBSOCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505*Amended*WELL API NO.
30-025-36638

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

GINGER MC

8. Well Number

2

9. OGRID Number

21602

10. Pool name or Wildcat

WARREN: TUBB EAST

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 H : 2310 feet from the NORTH line and 990 feet from the EAST line.
Section 24 Township 20.5' Range 38E NMPM County LEA

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

GR 3569

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 ☐
DOWNHOLE COMMINGLE ☐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.

TO REPLACE LOST OR MISPLACED DOCUMENT FROM 20061/14/06 - POOH W/RODS & TBG - RU WL AND SET CIBP @ 6750' - PERFORATE TUBB FROMATION
FROM 6554'-6564', 6654'-6658', 6664'-6666', 6692'-6710' W/25 PF 72 HOLES

1/15/06 - ACIDIZE PERFS W/2500 GALS 15% NEFE

1/16/06 - FRAC DOWN CSG 35 BPM & 2850 PSI W/102,500# 20/40 OTTAWA SAND + 5000 GALS XLINK
GEL

1/17/06 - RIH W/RODS & PUMP - PUT WELL INTO PRODUCTION

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

TITLE ENGINEER

DATE 8/2/10

Type or print name

MICHAEL G. MOONEY

E-mail address: MIKE@TRILOGYOPERATING.COM PHONE: 432-686-2027

For State Use Only

APPROVED BY:

TITLE

PETROLEUM ENGINEER

DATE

AUG 05 2010

Conditions of Approval (if any):

P.M.