

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-20118
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Injection Well	7. Lease Name or Unit Agreement Name Bronco Wolfcamp Unit
2. Name of Operator Tamarack Petroleum Co., Inc.	8. Well No. 4
3. Address of Operator 500 W. Texas, Suite 1485 Midland, Texas 79701	9. Pool name or Wildcat Bronco Wolfcamp
4. Well Location Unit Letter B : 1658.3 Feet From The East Line and 660 Feet From The North Line Section 2 Township 13 Range 38 East NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. 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 ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. 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.

Pull out of hole with tubing. Layed down 5-1/2 Lok Set packer. Pickup new 5-1/2 Lok Set Packer, set @ 8808. Pressured up on annulus to 500#, leaked. Release packer. Pulled and layed down 1 joint. Set packer @ 8787'. Pressured up on annulus to 500#. Held for 30 minutes.

*Talked to Mr. Jerry Sexton prior to work being done.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Harold Green TITLE Superintendent DATE 2-17-93

TYPE OR PRINT NAME HAROLD GREEN TELEPHONE NO. 915/683-547-

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
RECEIVED

FEB 19 1993

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

