

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.

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Bronco (Wolfcamp) Unit

8. Well No.

4

9. Pool name or Wildcat

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 Injection Well

2. Name of Operator

Tamarack Petroleum Company, Inc.

3. Address of Operator

500 W. Texas, Suite 1485 Midland, Texas 79701

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.

Set Lok-set packer @ 8808.70

Perforation 2 Holes per foot 9030-9047 9055-9059

Packer setting approved by Mr. Dave Catanach with New Mexico Oil Conservation
Commission in Santa Fe 11/1/91.

PKR setting Depth OK - David Catanach 11-1-91

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

SIGNATURE

Harold Green

TITLE

Field Superintendant

DATE

11/12/91

TYPE OR PRINT NAME

Harold Green

TELEPHONE NO. 915/683-5474

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

