

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. <u>30-025-27457</u>
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <u>SIMS 35 STATE</u>
8. Well No. <u>1</u>
9. Pool name or Wildcat <u>OSUNDO MORROW, W</u> <u>AND SOUTHEAST LEA WOLFCAMP</u>

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 <u>MIRAGE ENERGY, INC.</u>	
3. Address of Operator <u>7915 N. LLEWELYN, HOBBS, NM 88242</u>	
4. Well Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>35</u> Township <u>20 S</u> Range <u>35 E</u> NMPM <u>LEA</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>3679.9 GR</u>	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: <u>DOWNHOLE COMMINGLES</u> ☒

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.

ADMINISTRATIVE ORDER DHC-1557

6-11-97 COMMENCED WORKOVER. BELOW WOLFCAMP PERFS 11,465-11,611 WE
ENCOUNTERED TUNK TBG, WIRE LINE TOOLS, AND OLD PACKED PARTS THAT HAD TO BE
FISHED OUT AND MILLED UP BEFORE REACHING BRIDGE PLUGS W/CMT.

DRILLED OUT CMT AND BRIDGE PLUGS ABOVE MORROW PERFS 12,963-13,192.
PUSHED BRIDGE PLUG TO 13,233. RAN COMPLETION ASSEMBLY WITH
BOTTOM OF TBG @ 11,911. WORKOVER COMPLETED READY TO PRODUCE 7-9-97

TEST 7-25-97 25 BO, 3 BW, 569 mcf

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

SIGNATURE James Cogburn TITLE OPERATION COORDINATOR DATE 7/21/97

TYPE OR PRINT NAME JAMES COGBURN TELEPHONE NO. (505) 392-7095

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE 10 24 1997

CONDITIONS OF APPROVAL, IF ANY: