

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-27785
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. V-279
Lease Name or Unit Agreement Name Sims 35 State
Well No. 2
Pool name or Wildcat West Osudo-Morrow

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.)	
Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
Name of Operator Trilogy Operating Inc	
Address of Operator P.O. Box 7606, Midland, TX 79708	
Well Location Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line Section 35 Township 20S Range 35E NMPM Lea County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3682 GR	

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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 ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

1/11/01 - MIRU pulling unit - POH w/ eqpt - Begin repairs to collapsed casing

1/15/01 - Clean out junk in hole to 12,991'

1/26/01 - Hole is cleaned out to 13,333' - Morrow perforations are uncovered

2/02/01 - Stimulate Morrow Formation using Stim-gun from 13008'-13020', 13026'-13030', 13068'-13084', 13114'-13120' w/ 6 spf or 228 holes - begin swabbing well to flowing

2/09/01 - Well flowing w/ FTP = 180 psi, 1.095 MCFD + 3 BOPD + 12 BWPD
Well is back into production

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

SIGNATURE  TITLE Consulting Engineer DATE 02-09-01

TYPE OR PRINT NAME Michael G. Mooney

TELEPHONE NO. 915/528-2259

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: