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

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

WELL API NO. 30 025 30509

5. Indicate Type of Lease STATE ☐ FEE ☑

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.)

7. Lease Name or Unit Agreement Name: TIFFANY

1. Type of Well: OIL WELL ☑ GAS WELL ☐ OTHER

2. Name of Operator: Loo New Mexico, Inc.

8. Well No. 1

3. Address of Operator: 101 Larkspur Landing Circle #222 Larkspur Ca 94939

9. Pool name or Wildcat: Nadine Drinkard Abo

4. Well Location
Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line

Section 26 Township 19S Range 38E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3616 KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☑	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			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.

August 25-30, 1994

- Squeezed Drinkard Perfs 7016-7030 w/ 125 Class "H". Squeezed w/ 50 Sx "H" + Loss Additive And 75 Sx "H" Neat. Max 3600 psi. (266 bbls slurry, 63 Formation, 3 Casing)
- Drilled Retainer And Cement, Tested Squeeze to 1100 psi for 30 Minutes, Held O.K.
- Returned To Production (Abo Perfs Only)

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

SIGNATURE Mark D. Clarke TITLE Engineer DATE 9-1-94

TYPE OR PRINT NAME Mark D. Clarke TELEPHONE NO. (505) 392-5576

(This space for State Use) ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE SEP 07 1994

CONDITIONS OF APPROVAL, IF ANY: