Submit 3 Copies to Appropriate District Office		e of New Mexico I Natural Resources D	epartment		Form (Revise	C-103 ed 1-1-89
P.O. Box 1980, Hobbs, NM 88240		RVATION DIV	SION IWEL	LAPINO.		
DISTRICT II		e, NM 87505	30	-025-34553	3	
P.O. Drawer DD, Artesia, NM 88210			sIndic	ate Type of Le		
DISTRICT III	•		State	Oil & Gas Lea		FEE
1000 Rio Brazos Rd., Aztec, NM 8741	U			- 2061	ase 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"					it Agreement Name	
Type of Well:	RM C-101) FOR SUCH PROPOS	SALS.)	Gen	esis State		
OIL GAS WELL	OTHER					
² Name of Operator Trilogy Operating,Inc			₀Well 1	No.	<u> </u>	•
Address of Operator		· · · · · · · · · · · · · · · · · · ·		name or Wildo	at	
P.O. Box 11005, Midland, Well Location	Texas 79702		Eun	nont Y-SR-	Q	
	60 Feet From TheS	outh Line and	<u>660</u> F	eet From The	East	Line
18 Section 2	0S Township	36E Range				
	rownonip	OE Range whether DF, RKB, RT, GR, (NM	PM	Lea	County
	3626 GR					
¹¹ Chec	k Appropriate Box to Ind	licate Nature of No	otice, Report, o	or Other [Data	
NOTICE OF	F INTENTION TO:		SUBSEQU	JENT RE	PORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		VORK		ALTERING CASING	G
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE	DRILLING OPNS.		PLUG AND ANBAN	L
PULL OR ALTER CASING			T AND CEMENT JOB			
OTHER:						NZ
2Describe Proposed or Completed Ope	erations (Clearly state all particent dot					X
					any proposed	
11/12/99 - MIRU pulling unit - : total 45 holes - acidiz	set RBP @ 3800' - perforate Y e w/ 1200 gals 7 1/2% NEFE	ates Formation from 3 + 20% MEOH	652'-3674 ' w/ 2 sj	of		
11/16/99 - Frac down 5 1/2" ca flow back frac and tes	asing w/ 44,400# 16/30 Ottawa st zone	a Sand + 8500 gals Lir	near gel w/ 70Q F e	oam		
11/17/99 - RU swab and swab	test - no fluid entry & no signif	icant and				
	-	-				
11/20/99 - Pull RBP and put w Limited Reservoir	eli dack into production - no co	ontribution from perform	ations from 3652'-	3674'		
					•	
I hereby certify that the information abo	we is true and complete to the best of	my knowledge and belief.				
SIGNATURE Mula	ynjøm	TITLE Consultin	g Engineer		DATE 12-03-99	9
TYPE OR PRINT NAME Michael G. M	ooney					
(This space for State Use)				<u> </u>	TELEPHONE NO. 915/	
					1 0	7
APPROVED BY					DATE	:
CONDITIONS OF APPROVAL, IF ANY:	an a					
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