

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.

30-025-35179

Indicate Type of Lease

STATE ☐

FEE ☒

State Oil & Gas Lease No.

N/A

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.)

Lease Name or Unit Agreement Name

Emerald

Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

Name of Operator

Trilogy Operating, Inc

Well No.

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Address of Operator

P. O. Box 7606, Midland, Texas 79708

Pool name or Wildcat

Nadine Drinkard-Abo

Well Location

Unit Letter O : 400 Feet From The South Line and 2310 Feet From The East Line

Section 24 Township 19S Range 38E NMPM Lea County

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

3580 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: Add Perforations ☒

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.

2/14/01 - RU pulling unit - perforate lower Drinkard from 7058'-7059', 7063'-7070', 7079', 7084'-7091' w/ 2 spf - 35 holes

2/15/01 - Acidize w/ 1500 gals of 15% NEFE - swab back acid load & test

2/19/01 - Lower Drinkard producing 30 BOPD + 20 BWPD + 60 MCFD - set RBP and perforate Upper Drinkard from :
6981'-6991', 6994'-7012', 7020'-7033' w/ 1 spf = 43 holes

2/20/01 - Acidize w/ 3000 gals 15% NEFE - flow back & swab back acid load

2/21/01 - POH w/ RBP & pkr - RIH w/ production eqpt. - Put well into production

2/23/01 - Well pumping 275 BOPD + 106 BWPD + 406 MCFD

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

SIGNATURE

TITLE Consulting Engineer

DATE 02-25-01

TYPE OR PRINT NAME Michael G. Mooney

TELEPHONE NO. 915/686-2027

(This space for State Use)

APPROVED BY

TITLE

DATE

FEB 02 2001

CONDITIONS OF APPROVAL, IF ANY:

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