## OIL CONSERVATION DIVISION

Form C-	103
Revised	1-1-89

P.O. Box 1980, Hobbs, NM 88240			WELL API NO. 30-025-35179	
<u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	Canare, 1444 C		₅Indicate Type of Leas	e STATE FEE
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410			₅State Oil & Gas Lease N/A	
SUNDRY NOTIC	CES AND REPORTS ON WEL	LS OR BLUG BACK TO A		
(FORM C-	POSALS TO DRILL OR TO DEEPEN VOIR. USE "APPLICATION FOR PEI 101) FOR SUCH PROPOSALS.)	RMIT"	7Lease Name or Unit / Emerald	Agreement Name
Type of Well: OIL GAS WELL WELL WELL	OTHER		MAZAIS NI -	
Name of Operator Trilogy Operating, Inc			₃Well No. 2	<u> </u>
3Address of Operator P. O. Box 7606 , Midland , Texas	79708		₃Pool name or Wildcat Nadine Abo	t
4Well Location Unit Letter O 400	Feet From The South	Line and2310	Feet From The	East Line
24	Township 19S	Range 38E	NMPM	<b>Lea</b> County
Section 24	Township 195  10Elevation (Show whether DF) 3580 GR	range	CATALL IVI	
11 Check Ap	propriate Box to Indicate N	ature of Notice, Rep	port, or Other D	ata
NOTICE OF IN	• •		SEQUENT RE	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING O	PNS.	PLUG AND ANBANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEME	ENT JOB	
OTHER:		OTHER:		
12Describe Proposed or Completed Operation work) SEE RULE 1103.	s (Clearly state all pertinent details, and given	ve pertinent dates, including es	stimated date of starting	any proposed
11/11/00 - Spud 12 1/4" hole @ 8:0	00 PM using fresh water mud			
11/12/00 - TD Surface hole @ 1700 Cement w/ 600 sx class "c Circulated 130 sx to surface	:" + 4% gel + 2% Cacl2 + 200 sx c	casing to a setting depth class "c" + 2% Cacl2	of 1700'	
11/13/00 - WOC 18 hrs - Begin Dri	g 7 7/8" hole w/ brine water mud			
11/23/00 - TD 7 7/8" hole @ 7950' 17# - J55 & N80 csg tot + 6% gel + 1/4 #/sx cello	- run open hole logs - decide to se al 7964' set @ 7944' - cement w/ oflake + 1100 sx class "h" + 5/10%	700 sx (65:35) Poz "c"	- 5 1/2"	
11/26/00 - RDMO Drilling Rig - rea	dy to start completion			
I hereby certify that the information above is	true and complete to the best of my knowl	ledge and belief.		
SIGNATURE Uffelief	Moorey	TITLE Consulting Engine	eer	DATE 12-02-00
TYPE OR PRINT NAME Michael G. Moon	ey ′ ′			TELEPHONE NO. 915/686-2027
(This space for State Use)			e commente MS	
	ORICA	TITLE	garan a sa <del>rtar</del> Ber	· · DATE
APPROVED BY		TI <u>[[4</u> ][ <u></u>		DE 2 7 100

CONDITIONS OF APPROVAL, IF ANY: