Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

CONDITIONS OF APPROVAL, IF ANY:

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVA P.O. Box		WELL API NO. 30-025-23244	
DISTRICT II P.O. Drawer DD, Anesia, NM 88210 Santa Fe, New Mex		5. Indicate Type of Lease STATE FEE XX	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEI DIFFERENT RESERVOIR. USE "APPLICATION FO (FORM C-101) FOR SUCH PROPOSALS.	EPEN OR PLUG BACK TO A R PERMIT"	7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL X WELL OTHER		Depew	
2. Name of Operator Tamarack Petroleum Company, Inc.		8. Well No.	
3. Address of Operator 500 W. Texas, Suite 1485, Midland, 7	IX 79701	9. Pool name or Wildcat W. Nadine Blinebry	
4. Well Location Unit Letter E: 2080 Feet From The North Line and 990 Feet From The West Line			
Section 9 Township 20S Range 38E NMPM Lea County			
10. Elevation (Show whether DF, RKB, RT, GR, etc.)			
2386' RKB Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS	PORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB	
OTHER:	OTHER: Opened	add'l Blinebry pay X	
12. Describe Proposed or Completed Operations (Clearly state all pertinent det work) SEE RULE 1103.	ails, and give pertinent dates, inclu	ding estimated date of starting any proposed	
8/9/96			
 RIH w/bit & drilled out retainer Perforated Blinebry 5836-5942' ((6 holes), 6217-6283' (13 holes) Isolated each zone with RBP and 15% NEFE acid). Swabbed back load. Returned well to production 8/16 	23 holes), 5946-598 , 6330-6493' (29 ho packer and acidized	31' (17 holes), 6137-6158' oles).	
I hereby certify that the information above is true and complete to the best of my knowled SIGNATURE TYPE OR PRINT NAME Hal Gill	odge and bedief	Engineer 9/9/96 (915) 683-5474 тешерноме мо.	
(This space for State Use) APPROVED BY APPROVED BY	mue	DATE SEP 13 1996	

SEP 1996
Received
Hobbs
OCD