Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

# OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.

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: Harkins

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

8. Well No. 1

2. Name of Operator: Tamarack Petroleum Company, Inc.

9. Pool name or Wildcat: W. Nadine Blinebry

3. Address of Operator: 500 W. Texas, Suite 1485, Midland, TX 79701

4. Well Location
Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line

Section 8 Township 20S Range 38E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3589' RKB

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: Opened additional Blinebry pay ☒ | |

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.

1. Pulled rods, pump & tubing. Ran bit & scraper to 6450'.
2. Perforated Blinebry 5770'-5882' (21 holes), 5899-5920' (6 holes), 6062-6127' (15 holes), 6157-6237' (9 holes), 6278-6380' (23 holes).
3. Isolated each zone with RBP & packer & acidized same (total 14,000 gals 15% NEFE acid.)
4. Swabbed back load, returned well to production.

Work complete 6/13/96.

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

SIGNATURE Hal Gill TITLE District Engineer DATE 6/21/96

TYPE OR PRINT NAME Hal Gill TELEPHONE NO. 915/682-54

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: