

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Harkins

8. Well No.  
1

9. Pool name or Wildcat  
W. Nadine Blinebry

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.)

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

2. Name of Operator  
Tamarack Petroleum Company, Inc.

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:

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 ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
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

TITLE

District Engineer

DATE 6/21/96

TYPE OR PRINT NAME

Hal Gill

TELEPHONE NO. 915/682-5474

(This space for State Use)

APPROVED BY

TITLE

DATE JUL 6 1996

CONDITIONS OF APPROVAL, IF ANY: