

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. 30-025-27414
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Holway
8. Well No. 1
9. Pool name or Wildcat W. Nadine Blinebry
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3592' RKB

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER
2. Name of Operator Tamarack Petroleum Company, Inc.
3. Address of Operator 500 W. Texas, Suit 1485, Midland, TX 79701

4. Well Location Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line Section 5 Township 20S Range 38E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Opened additional Blinebry pay <input checked="" type="checkbox"/>

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 5812'-5902' (28 holes), 6065-6124' (18 holes), 6170'-6242' (13 holes), 6293'-6398' (25 holes).
3. Isolated each zone with RBP & packer & acidized same (total 15,000 gals 15% NEFE acid.)
4. Swabbed back load, returned well to production.

Work complete 6/4/96.

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 7/12/96

TYPE OR PRINT NAME Hal Gill TELEPHONE NO. 915/683-5474

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: