

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.

30-025-27414

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.)

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

7. Lease Name or Unit Agreement Name

Holway

8. Well No.

1

9. Pool name or Wildcat

W. Nadine Blinbry

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

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

3592' KB

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: Open additional Blinbry 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. Ran bit & scraper to 6450'.
2. Perforated 5838'-5902' (24 holes), 6065-6124' (18 holes), 6170-6242' (13 holes), 6293'-6398' (25 holes).
3. Acidized with a total of 15,000 gals, isolating each zone with RBP & pkr.
4. Swabbed load 1 day, then put back on production.

Work complete 6/2/96.

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

SIGNATURE

Hal Gill

District Engineer

DATE

6/5/96

TYPE OR PRINT NAME

(915) 683-5474  
TELEPHONE NO.

(This space for State Use)

JUN 14 1996

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: