

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.

30-025-27464

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 #1485, Midland, Texas

7. Lease Name or Unit Agreement Name

Patterson

8. Well No.

1

9. Pool name or Wildcat

W. Nadine Paddock Blinebry

4. Well Location

Unit Letter G : 1780 Feet From The North Line and 2080 Feet From The East Line

Section 8 Township 20-S Range 38-E NMPM Lea County

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

3565.7 GR

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 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 5920-6390'
3. Isolated each zone with RBP and Packer & Acidized same (total 9468 gals 15% NEFE acid & 158 ball sealers).
4. Swabbed back load. Ran in hole with production string and returned well to production 12-9-96.

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

12/16/96

TELEPHONE NO.

915/683-5474

TYPE OR PRINT NAME

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MP