

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.  
30-025-27550

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.  
B-2317

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

HALE STATE

1. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER ☐

2. Name of Operator

TAHOE ENERGY, INC.

8. Well No.

4

3. Address of Operator

3909 W. INDUSTRIAL, MIDLAND, TX 79703

9. Pool name or Wildcat

North Justis McKee

4. Well Location

Unit Letter H : 2160 Feet From The North Line and 430 Feet From The East Line

Section 2 Township 25S Range 37E NMPM Lea County

10. Elevation (Show whether D.R., R.K.B., RT, GR, etc.)

3133.4

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: Change to Sub-Pump Lift ☒

OTHER: ☐

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. Remove rod pumping equipment.
2. Install sub-pump with capacity of 400-700 B.T.F.P.D.
3. Set @ +/- 7200' on 2 7/8" EUE N-80 tubing.
4. This will be a portable test unit.
5. Test will be run for 30 day period to properly size down hole equipment and evaluate the project.
6. If economical permanent sub-pump equipment will be installed.
7. This work will be performed in the next 30-45 days.

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

SIGNATURE K. A. Freeman TITLE President DATE May 25, 1994

TYPE OR PRINT NAME K. A. Freeman TELEPHONE NO. 915-697-7938

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

JUN 07 1994