State of New Mexico

to Appropriate District Office	Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088		Revised 1-1-89		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240			WELL API NO.		
DISTRICT II Santa Fe. New Mexico 87504-2088			30-025-3		
P.O. Drawer DD, Arlesia, NM 88210			5. Indicate Type of Lease STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & G		
	ICES AND REPORTS ON WEL				
DIFFERENT RESE (FORM C	OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PEI C-101) FOR SUCH PROPOSALS.)		7. Lease Name of	or Unit Agreement Name	
1. Type of Well: OIL X WELL X	OTHER		Firewa	ter	
2. Name of Operator			8. Well No.		
Tahoe Energy, Inc. 3. Address of Operator			1		i
3909 W. Industrial, Midland, TX 79703			9. Pool name or Wildcat		
4. Well Location	ilidiand, IX 19703		I Langile	Mattix SR-CN-C	<u>і</u> Б
Unit Letter C :33	O Feet From The North	Line and2160	Feet Pro	m The West	Line
Section 2	Township 25-S Ra	unge 37-E	NMPM Lea		County
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)			
	3173.5 GL			<i></i>	
	Appropriate Box to Indicate 1		•		
NOTICE OF IN	TENTION TO:	SUB	SEQUENT	REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABANDOR	MENT
PULL OR ALTER CASING		CASING TEST AND CE	MENT OR		
OTHER: Completion Proce	dure X	CTIFR: Logs &		casing	x
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	stions (Ciserly state all profit wit deville, at	d give partinau dates, isols:	ding estimated date	of starting any proposed	
•	sing (10 controli-				
Pacesetter Lite Pr	sing & 10 centralizers em. + 6% gel + 5% salt sx. to surface. Nippl	and 250 sx. 50:	50 Poz. + 1	9% gel + $9#/sy$	
2.) Ran Dual Laterolog	from 3423 to 2400'. 3	an BHC Sonic lo	g from 3421	3 to surface.	
3.) Will perforate and	treat Langlie Mattix p	roduction inter	vals in app	oroximately one	<u>.</u>
week.					
				<u>.</u>	·
I nerecy certify that the alternation above it th	se and complete to the best of my knowledge and				
SIGNATURE A Fragman	em an m	President		DATE Aug. 22	1989
K. A. Freeman				TELEPHONE NO.	
TYPE OR PRINT NAME				LEAST HONE NO.	+
(This space for State UsekmiciNAt SIGN	IED BY JERRY SEXTON			ALIG 9 A	1000

______ TITLE ---

UMBRIGINAL SIGN DISTRICT I SUPERVISOR

AUG 2 4 1388

_____ DATE _____

APPROVED BY ---CONDITIONS OF APPROVAL, IF ANY: