

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.

30-025-31075

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.)

7. Lease Name or Unit Agreement Name

Red Cloud

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

Tahoe Energy, Inc.

8. Well No.

3

3. Address of Operator

3909 W. Industrial, Midland, Texas 79703

9. Pool name or Wildcat

Jalmat Tansill Yates SR

4. Well Location

Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line

Section 3

Township 25S

Range 37E

NMPM

Lea

County

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

3127.8 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:

Completion Procedures

☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Logs & Production Casing

☒

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. Drilled 11" hole to a total depth of 3100'.
2. Ran Schlumberger Compensated Sonic/GR & Dual Laterolog.
3. Ran 81 jts. 5-1/2" 14# STC csg. set @ 3098'.
4. Western Co. cemented w/375 sx. Pacesetter Lite (c) + 6% gel + 5% salt + 200 sx. 50-50 Poz (c) + 2% gel + 9#/sx. salt. Circulated 10 sx. to surface.
5. Will perforate and treat Yates/Seven Rivers production intervals selected from Mud Log, and Schlumberger open hole logs.

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

12-18-90

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

DEC 21 1990