

Submit 3 Copies
Appropriate
District Office

State of New Mexico
En 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. 30-025-05981
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. LC 0321621A
7. Lease Name or Unit Agreement Name BARBER GAS COM
8. Well No. 3
9. Pool name or Wildcat EUMONT YATES 7RQ

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator ARCO OIL & GAS COMPANY	
3. Address of Operator P.O. BOX 1710	
4. Well Location Unit Letter H : 1650 Feet From The NORTH Line and 330 Feet From The EAST Line Section 7 Township 20 SOUTH Range 37 EAST NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3554 GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

TD 5250, PBD 2950, PERFS 2353-2896

SET 7" CIBP @ 2950, PERFORATE EUMONT 2353-2896 W/36 .41" SHOTS, STIMULATE W/3600 GAL 7 1/2% HCL NEFE, 197,540# OF 12/20 SAND, 44000# RESIN COATED SAND, AND 146 TONS OF CO2.

WELL RETURNED TO PRODUCTION 4-20-93

4-26-93 IN 24 HRS FLOWED 0 BO, 0 BW, 537 MCF

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

SIGNATURE James D Cogburn TITLE OPERATIONS COORDINATOR DATE 4-29-93
TYPE OR PRINT NAME James D Cogburn TELEPHONE NO. 391-1621

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE MAY 05 1993

CONDITIONS OF APPROVAL, IF ANY: