

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-025-03449

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
B-1581

7. Lease Name or Unit Agreement Name

ENDURA DE STATE

8. Well No.
1

9. Pool name or Wildcat
EUMONT YATES 7 RQ GB

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
ARCO OIL & GAS COMPANY

3. Address of Operator
P O BOX 1710 HOBBS, NM 88240

4. Well Location
Unit Letter P : 660 Feet From The SOUTH Line and 660 Feet From The EAST Line
Section 12 Township 21 S Range 35 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3600 GR

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
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING
OTHER:

REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
CASING TEST AND CEMENT JOB
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.

TD 3900, PBD 3759, PERFS 3231-3730

SET CIBP @ 3759, PERFORATE 3231 to 3730 W/ 1JSPF (40 SHOTS),
ACIDIZE W/4000 GAL OF 7 1/2% HCL, FRAC W/274,000# OF 12/20 SAND
AND 234 TONS OF CO2 @ 35 BBLs PER MIN. RAN 2 3/8 TBG TO 3751.48

02/02/93 IN 24 HRS. PUMPED 0 BO, 1 BW, 131 MCF

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

SIGNATURE Jerry Sexton TITLE OPERATIONS COORDINATOR DATE 02/03/93
TYPE OR PRINT NAME JAMES COGBURN TELEPHONE NO. 391-1621

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

FEB 05 1993

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: