

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
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-25355
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Lee Stebbins (NCT-A)
Well No. 4
Pool name or Wildcat Drinkard Oil

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.)

Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER
Name of Operator Arch Petroleum Inc.
Address of Operator P. O. Box 10340, Midland, TX 79702-7340
Well Location Unit Letter <u>E</u> : <u>1830</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>5</u> Township <u>22</u> Range <u>37</u> NMPM <u>Lea</u> County
Elevation (Show whether DF, RKB, RT, GR, etc.) 3440'

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Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ANBANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	

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.

07/12/00 POOH w/ rods, pump & tbq.

07/16/00 Acdz Drinkard perms 6456'-6596' w/ 1500 gals 15% HCL NeFe. Swab. Poor results.

07/20/00 RIH w/ production equipment and return well to production.

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

SIGNATURE Cathy Tomberlin TITLE Operation Tech DATE 08-28-00

TYPE OR PRINT NAME Cathy Tomberlin

TELEPHONE NO. 915-685-8100

(This space for State Use)

APPROVED BY _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: