

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

API NO. (assigned by OCD on New Wells) 30-025-21684	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name LILLIE	
8. Well No. 4	9. Pool name or Wildcat FOWLER UPPER YESO

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
ARCH PETROLEUM INC.

3. Address of Operator
777 TAYLOR ST., STE. IIA, FORT WORTH, TX 76102

4. Well Location
Unit Letter **F** Section **23** : **1880** Feet From The **NORTH** Township **24S** Line and Range **37E** **1830** Feet From The **WEST** Line **LEA** County
10. Elevation(Show whether DF, RKB, RT, GR, etc.)
GL=32

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CMT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: ADD PERFS & FRAC TREAT <input checked="" type="checkbox"/>	

12. Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including esticated date of starting any proposed work) SEE RULE 1103.

7/20/95 Clean out fill F/5548'-5660'. Perf F/ 5498', 5440', 5409', 5349', 5313', 5290', 5248', 5214', 5195', 5177', & 5168' w/4- 0.45" diameter JHPF, total 44 shots. Acidize w/total 4,300 gals 15% NEFE HCL. MIRU Dowell-Schlumberger & Frac perfs F/5162'-5579' DN 3-1/2" WS w/71,000 gals of 40# gel w/50-60% CO2 and 226,000# 16/30 mesh Ottawa sand(w/last stage containing propnet) @ 35 bpm and a max pressure of 7000#. Flow & swab back load. Install production equipment and resume production on 8/3/95.

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

SIGNATURE *Bobbie Brooks* TITLE **PROD. ANALYST** DATE: 10-4-95

TYPE OR PRINT NAME **BOBBIE BROOKS** TELEPHONE NO. **915/685-1961**

ORIGINAL SIGNED BY ARRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE _____ DATE **OCT 06 1995**

CONDITIONS OF APPROVAL, IF ANY: _____

MP

001 00 100



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1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator ARCH PETROLEUM INC.
3. Address of Operator 777 TAYLOR ST., STE. IIA, FORT WORTH, TX 76102
4. Well Location Unit Letter F Section 23 Feet From The 1880 Township NORTH 24S Line and Range 37E Feet From The 1830 NMPM WEST LEA Line County
10. Elevation(Show whether DF, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>
OTHER: <u>ADD PERFS & FRAC TREAT</u> <input checked="" type="checkbox"/>	OTHER: _____ <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>

12. Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including esticated date of starting any proposed work) SEE RULE 1103.

WE PROPOSE:

MIRU PU, NUBOP, PERF. CSG. @ 5171,5179,5197,5216,5250,5291,5315,5352,5411, 5442, 5500 W/4-0.5" JHPF. ACIDIZE ALL PERFS. USING STADDLE PACKER. SAND FRAC TREAT ALL PERFS. FLOW BACK. NDBOP NUWH. RETURN WELL TO PRODUCTION.

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

SIGNATURE <u>Bobbie Brooks</u>	TITLE PROD. ANALYST	DATE: <u>7-5-95</u>
TYPE OR PRINT NAME BOBBIE BROOKS	TELEPHONE NO. 915/685-1961	
ORIGINAL SIGNED BY BOBBIE BROOKS		
DISTRICT I SUPERVISOR		
APPROVED BY _____	TITLE _____	DATE JUL 10 1995
CONDITIONS OF APPROVAL, IF ANY:		

not to be used
MPP

1981 0 6 1985

RECEIVED
JUL 06 1985
COMMUNITY
OFFICE