

DISTRICT I
P.O. Box 1980, Hobbs NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
P.O. Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO.
30-025-05777

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.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
ARCO Permian

8. Well No.
5

3. Address of Operator
P.O. Box 1710, Hobbs, New Mexico 88240

9. Pool name or Wildcat
EUMONT YATES SRQ (GAS)

4. Well Location
Unit Letter E : 1980 Feet From The N Line and 990 Feet From The W Line
Section 31 Township 19S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3584' GR

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: 3550' PBD: 3532' PERFS: 3223-3497'

09/29/95: PERF EUMONT INTERVAL 3223-3497 W/8 ADDITIONAL SHOTS TO LOWER ZONE, .40 HOLE SIZE.
ACIDIZED W/2000 ALS "DAD" DOWELL ACID, FRAC W/221,870# 12/20 BRADY W/PROP NET. TAIL IN 131
TONS CO2.

SQUEEZED PERFS FROM 2475 TO 3072' W/100 SACKS CLASS C NEAT. SET 2-3/8" TBG @ 3478'.

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

SIGNATURE Kellie D. Murrish TITLE ADMINISTRATIVE ASSISTANT DATE 11/27/95

TYPE OR PRINT NAME KELLIE D. MURRISH TELEPHONE NO. 391-1649

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: