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 Office				
DISTRICT I P.O. Box 1980, Hobbs NM 88240	OIL CONSERVATION		WELL API NO.	
DISTRICT II	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		30-025-25537	
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE	FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	FEE
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.)			7. Lease Name or Unit Agreement Name	
1. Type of Well:			WIMBERLY WN	
OIL GAS WELL X	OTHER			
2. Name of Operator ARCO Permian			8. Well No.	
3. Address of Operator			9. Pool name or Wildcat	
P.O. Box 1710, Hobbs, New Mexico 88240 4. Well Location			LANGLIE MATTIX	
Unit Letter C : 990	Feet From The N	Line and 1490	Feet From The W	Line
Section 24	Township25S	Range37E	NMPM LEA	County
	10. Elevation (Show wheth	ner DF, RKB, RT, GR, etc.)		
11. Check Ap		ate Nature of No.	tice Report or Other De	
Check Appropriate Box to Indicate Nature of N NOTICE OF INTENTION TO:			SSEQUENT REPORT OF	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASIN	<u>ر</u>
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	T AEI EI III I G GASIN	_
PULL OR ALTER CASING	_	CASING TEST AND CE		ONMEN! [
OTHER:			TUBB DRKD/RECOMPLETE L/M	Γ_
Describe Proposed or Completed Opwork) SEE RULE 1103.	DerationGearly state all pertinent deu	ails, and give pertinent dates	s, including estimated date of starting any	y proposed
TD: 7375' PBD: 6500' PERFS: 5650 PBD: 3300' PERFS: 2848-320	6-6025 (TUBB DRKD) FORM	ERLY SJUF-19,	,	
10/06/94 SET CIBP W/35' CLASS C CMT @ 56 SET 2ND CIBP @ 3300'. PRESS TES'	i30'. PRESS TEST 500#. HELD	OK. (CHART ATTACH IRT ATTACHED	ED)	
10/10/94 PERF 2848-3209 W/32 SHOTS, .40 SIZ 12/20 BRADY, 45,820# 12/20 RESIN, 1	ZE. STIMULATED 2/3200 GAL 126 TONS CO2.	S 7-1/2% HCL. FRAC W	V/156, 000#	
The description of the state of				
I hereby certify that the information above is true	•			
SIGNATURE Rule W. TILL	TITILITY TITI	Records Clerk II	DATE 10/27/9	4
TYPE OR PRINT NAMEKellie D. Murrish			TELEPHONE NO. 391-	1649
(This space for State Use) ORIGHER & CONTROL	TORRESE FUCERRY SEXTON BEST 1 EXPERVISOR		nct 28	1001
ADDOLED DV		LE	DATE	
CONDITIONS OF APPROVAL, IF ANY:				

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