

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. 30-025-26881
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

<p align="center"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b> ( 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.)</p>		<p>7. Lease Name or Unit Agreement Name  FREDERICK H. CURRY WN</p>	
<p>1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p>		<p>8. Well No. 3</p>	
<p>2. Name of Operator ARCO OIL AND GAS COMPANY</p>		<p>9. Pool name or Wildcat LANGLIE MATTIX SRQ GB</p>	
<p>3. Address of Operator BOX 1710, HOBBS, NEW MEXICO 88240</p>			
<p>4. Well Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>1</u> Township <u>24S</u> Range <u>36E</u> NMPM LEA County</p>			
		<p>10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3344.6' GL</p>	

11. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <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 3750'; PBD 3740'; PERFS: 3396-3636'

TA & HOLD WELL BORE FOR FUTURE USE

- NOTIFY NMOCD 24 HRS PRIOR TO TESTING CIBP
- POH w/CA & SET CIBP ±50' ABOVE EXISTING PERFS
- LOAD & CIRCULATE HOLE w/INHIBITED PKR FLUID, TEST CSG TO 500#
- LEAVE 1 JT HANGING ON BONNETT

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

SIGNATURE James D. Cogburn TITLE Operations Coordinator DATE 4/21/92

TYPE OR PRINT NAME James D. Cogburn TELEPHONE NO. 391-1600

(This space for State Use)

APPROVED BY Paul Kautz TITLE Geologist DATE APR 24 '92

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED  
APR 28 1992  
GOD HOUSE OFFICE