

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-11018
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name JIM CAMP WN
8. Well No. 1
9. Pool name or Wildcat JALMAT-T./YATES/7 RIVERS

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator ARCO Oil and Gas Company	
3. Address of Operator P.O. Box 1710, Hobbs, New Mexico 88240	
4. Well Location Unit Letter <u>M</u> : <u>660'</u> Feet From The <u>SOUTH</u> Line and <u>660'</u> Feet From The <u>WEST</u> Line Section <u>6</u> Township <u>24 SOUTH</u> Range <u>37 EAST</u> NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3341' GR	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ABANDON LANGLEIE MATTIX ☒

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

TD 3800' PBD 3795'
SET CIBP @ 3400'
ZONE ABANDONED ON 11-13-93
PREPAIR TO RECOMPLETE TO JALMAT

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

SIGNATURE Robert L. Mantel TITLE OPERATIONS COORDINATOR DATE 12-30-93

TYPE OR PRINT NAME ROBERT L. MANTHEI

TELEPHONE NO. 391-1602

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

2A Langlie Mattix
SR-BN-EB

JAN 05 1994