

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

WELL API NO.
30-015-28760

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.)

7. Lease Name or Unit Agreement Name
DOROTHY 36 STATE COM

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

2. Name of Operator
ARCO PERMIAN

8. Well No.
1

3. Address of Operator
P.O. BOX 1610, MIDLAND, TX, 79702

9. Pool name or Wildcat
EMPIRE, MORROW, SOUTH

4. Well Location
Unit Letter **N** : **1163** Feet From The **SOUTH** Line and **1647** Feet From The **WEST** Line

Section **36** Township **17S** Range **28E** NMPM **EDDY** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3674 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: ☐

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.

SPUD 17 1/2 HOLE ON 01-19-96. TD'D AT 540. RIH W/13 3/8 54.5# CSG TO 540'. CMT'D W/525 SX C W/2% CC. DID NOT CIRC CMT. WOC 6 HRS. RAN TS. TOC AT 100'. TOP JOB W/1" W/115 SX C W/2%CC. CIRC CMT TO SURF. WOC. DA W/12 1/4 BIT.

RECEIVED

FEB 16 1996

OIL CON. DIV.
DIST. 2

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

SIGNATURE Ken W. Gosnell TITLE AGENT DATE 02-09-96

TYPE OR PRINT NAME KEN W. GOSNELL TELEPHONE NO. 915 688-5672

(This space for State Use)

ORIGINAL SIGNED BY KEN W. GOSNELL
DISTRICT 2, SANTA FE, NM

APPROVED BY _____ TITLE _____ DATE FEB 16 1996

CONDITIONS OF APPROVAL, IF ANY: