

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.  
30-045-27801

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  
Atlantic Fruitland  
24 Com

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

2. Name of Operator  
ARCO OIL AND GAS COMPANY

8. Well No.  
2

3. Address of Operator  
P. O. Box 1610, Midland, Texas 79702

9. Pool name or Wildcat  
Basin-Fruitland Coal  
Gas Pool

4. Well Location  
Unit Letter L : 1750 Feet From The South Line and 790 Feet From The West Line  
Section 24 Township 34N Range 10W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
6737 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 12 1/4 hole 7-25-90. TD'd at 294. Ran 9 5/8 36# csg to 294.  
Cement'd w/200 sx "B" cmt w/2% cc + 1/4# CF @15.6 ppg. yld 1.18.  
Circ 48 sx to surf. WOC 12 3/4 hrs. Press test csg to 2000# for 30  
min. DA w/8 3/4 bit.

RECEIVED  
AUG 09 1990  
OIL CON. DIV  
DIST. 3

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

SIGNATURE Ken W. Gosnell TITLE Engr. Tech. DATE 8-7-90

TYPE OR PRINT NAME Ken W. Gosnell 915/688-5672 TELEPHONE NO.

(This space for State Use)

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT 3 DATE AUG 10 1990

CONDITIONS OF APPROVAL, IF ANY: