

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.

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Kendrick Estate

8. Well No. 2

9. Pool name or Wildcat
Gladiola Devonian

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 ☐

GAS
WELL ☐

OTHER

Dry Hole

2. Name of Operator

ARCO OIL AND GAS COMPANY

3. Address of Operator

P. O. Box 1610, Midland, Texas 79702

4. Well Location

Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line

Section 5 Township 12S Range 38E NMMP Lea County

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

3871 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: Replug ☒

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.

5-16-89 RUPU. CO dry hole marker. Welded on csg head, NU BOP. DO surf plug. CO well bore to 6614. P & A as follows:

Plug	Interval	Cmt	Remarks
1	6388-6614	25 sx	Spot
2	4772-4920	35 sx	Spot. WOC. Tag TOC at 4825.
3	4315-4450	50 sx	CIBP at 4450. Spot cmt on top.
4	1774-1909	50 sx	Spot
5	0-346	150 sx	Spot

CO WH. Installed dry hole marker. P & A'd 5-25-89.

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 6-27-89

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

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 29 1989