

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

API NO. (assigned by OCD on New Wells) 30-025-33322
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 14927
7. Lease Name or Unit Agreement Name W. H. ELSON
8. Well No. 2
9. Pool name of Wildcat TEAGUE BLINEBRY
10. Elevation(Show whether DF, RKB, RT, GR, etc.)

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL GAS WELL OTHER

2. Name of Operator
Arch Petroleum, Inc.

3. Address of Operator
10 Desta Dr., Suite 420E, Midland, TX 79705

4. Well Location
Unit Letter **K** : **2310** Feet From The **SOUTH** Line and **2310** Feet From The **WEST** Line
Section **21** Township **23S** Range **37E** NMPM **L** County

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: EXTENTION OF DRIL APPL. <input checked="" type="checkbox"/>	CASING TEST AND CMT JOB <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.

PLEASE EXTEND OUR APPLICATION TO DRILL THE ABOVE WELL 1 YEAR TO MARCH 12, 1997.

Expires 3/12/98

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE *Bobbie Brooks* TITLE Production Analyst DATE: 3/6/97
TYPE OR PRINT NAME Bobbie Brooks TELEPHONE NO. (915)685-1961

APPROVED BY _____ TITLE _____ DATE MAR 11 1997
CONDITIONS OF APPROVAL, IF ANY: _____

