

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.
30-015-01542

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
647

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK INTO A
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
ARCO OIL AND GAS COMPANY

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

4. Well Location
Unit Letter 0 : 2310 Feet From The East Line and 990 Feet From The South Line

Section 25 Township 17S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3677 GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☒	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		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.

Propose to P & A as follows: Run CBL to determine TOC on 5 1/2" casing

Plug	Interval	Cmt	Remarks	
1	5812-6162	50 sx	CIBP at 6162	Covers Abo
2	1800-2150 TOC	50 sx	Spot. TO SA 2080	50' in and out
3	1245-1335 3708-3808	25 sx	Spot. TO Queen 1625	Glorieta @ 3758
4	650-900 2245-2345	40 sx	Spot. TO 7-800-840	San Andres @ 2245
5	1200-1585 1695	30 sx	Spot.	Queen @ 1625
6	668-769		Shoe of 8 5/8 casing	Perforated
7			Cut off csg & install dry hole marker.	Perforated
			Surface Plug	Perforated

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 5/11/90

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

(This space for State Use)

APPROVED BY Paul Moore TITLE Paul Moore DATE 6/4/90

CONDITIONS OF APPROVAL, IF ANY:

Notify N.M.O.C.C. in sufficient time to witness

Plugging