

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 Brava Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

JUN - 3 1992

O. C. D.  
REGISTRY OFFICE

WELL API NO.

30-015-01699

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 TO 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 : 973.31 Feet From The South Line and 1980 Feet From The East Line

Section 33

Township 17 S

Range 28 E

NMPM

Eddy

County

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

3658' 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.

Propose to Plug & Abandoned as follows:

Plug	Interval	Cmt	Remarks
	5618-6200		
1	5780-6140	25	CIBP w/25 sx cmt.
2	3490-3850 3390-3490	25	Spot
3	1890-2250	25	Spot
4	1200-1560	25	Spot
5	0-1050	320	Perf at 1010. Cmt inside & outside 4-1/2 csg.

Cut off WH & Install dry hole marker.

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

SIGNATURE

Ken W. Gosnell

TITLE

Regulatory Coordinator

DATE

5-29-92

TYPE OR PRINT NAME

Ken W. Gosnell

915/688-5672

TELEPHONE NO.

(This space for State Use)

APPROVED BY

[Signature]

TITLE

Field Rep

DATE

5/10/92

CONDITIONS OF APPROVAL, IF ANY: