

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.	30-015-01720
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.)

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

2. Name of Operator
ARCO OIL & GAS COMPANY MAR 29 1991

3. Address of Operator
BOX 1710, HOBBS, NEW MEXICO 88240 O. C. D. ARTESIA, NM

4. Well Location
Unit Letter A : 966.59 Feet From The NORTH Line and 660 Feet From The EAST Line
Section 34 Township 17S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3673' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☒	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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.

- TA & HOLD WELL BORE FOR FIELD BLOW DOWN
1. Notify NMOCD 24 hrs. prior to testing CIBP
 2. MIRU
 3. Unset PKR or TAC
 4. Install BOP & GIH to tag PBTD
 5. POH w/TBG, TOH
 6. GIH w/TBG or WL set CIBP
 7. Set CIBP maximum 50' above existing PERFS
 8. POH w/1 Jt. & circ a mix of 2 gal WT675 chem. per 10 bbls 8.6# brine
 9. When circulation is established, w/ treated fluid at surface, test CIBP to 500# and cut chart.
 10. POH, laying down - leave 1 Jt. hanging on BI Bonnett

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

SIGNATURE [Signature] TITLE Administrative Supervisor DATE March 11, 1991

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY [Signature] TITLE Field Rep DATE 4/2/91

CONDITIONS OF APPROVAL, IF ANY:

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