

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 Bonos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

RECEIVED

AUG 30 1993

WELL API NO.

30-015-22418

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-2071

7. Lease Name or Unit Agreement Name

Lara Michelle

8. Well No.

3

9. Pool name or Wildcat

Artesia O G SA

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

TOMSCO ENERGY

3. Address of Operator

P.O. Box N, Artesia, New Mexico 88210

4. Well Location

Unit Letter M : 1000 Feet From The South Line and 1200 Feet From The West Line

Section 34 Township 17S Range 28E NMPM Eddy County

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

3658.4 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.

Performed the following work on the old Arco, Empire Abo Ut. H-331 well:  
Put CIBP at 6146' to cover all previous Abo perms. Put 50' cement on top  
of CIBP. Perforated 50 holes from 2642' to 3150'. Acidized with 3000  
gal. of 15% NEFE and fraced with 140,000 gal. plus 275,000# 20/40 and  
12/20 sand.

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

SIGNATURE Thomas K. Scroggin TITLE Operator DATE 08-27-93

TYPE OR PRINT NAME Thomas K. Scroggin TELEPHONE NO. 748-1331

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

AUG 30 1993