

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 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-015-22464
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Washington 33 State
8. Well No. 26
9. Pool name or Wildcat Artesia Queen Grbg San Andres

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator ARCO Permian	
3. Address of Operator P.O. Box 1089 Eunice, NM 88231	
4. Well Location Unit Letter N : 150 Feet From The S Line and 1650 Feet From The W Line Section 33 Township 17S Range 28E NMPM Eddy County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3660' GL	

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: **Plugback to San Andres** ☐

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.

TD: 6368' CIBP: 3724' PERFS: 1540-2219', 2614-2974'

07/27/99: MIRUPU. NDWH. NUBOP.

07/29/99: RIH w/4-3/4" bit & scraper to 4200". Run & set 5-1/2" CIBP @ 3724'.

08/02/99: 2-7/8" tbg set @ 3474". Return well to production.

RECEIVED
OCC ARTESIA

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

SIGNATURE _____ TITLE **Administrative Assistant** DATE **08/04/99**

TYPE OR PRINT NAME **Kellie D. Murrish** TELEPHONE NO. **505-394-1649**

(This space for State Use)

APPROVED BY **Jim W. Gurn** TITLE **District Supervisor** DATE **8-11-99**

CONDITIONS OF APPROVAL, IF ANY: