Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico
Energy, Minerals and Natural Resources Department



Form C-103 Revised 1-1-89

**District Office** OIL CONSERVATION DIVISION DISTRICT I WELL API NO. 2040 Pacheco St. P.O. Box 1980, Hobbs NM 88241-1980 30-015-22605 Santa Fe, NM 87505 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE 🗆 DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" Washington 33 State (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: WELL X OTHER Downhole Commingle 8. Well No. 2. Name of Operator ARCO Permian 9. Pool name or Wildcat 3. Address of Operator Artesia Queen Grbg San Andres P.O. Box 1089 Eunice. NM 88231 4. Well Location 2525 S Feet From The 815 Line and Feet From The Unit Letter Eddy **17S** County **NMPM** Range 'ownship 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3665' GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. SUBSEQUENT REPORT OF: **NOTICE OF INTENTION TO:** X ALTERING CASING REMEDIAL WORK PLUG AND ABANDON PERFORM REMEDIAL WORK PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. CHANGE PLANS TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: DH Commingle Yeso Production 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. PBD: 6019' PERFS: 2468-3032' TD: 6405' MIRUPU, POH w/rods & pmp, NU BOP, POH w/tbg. RIH w/bit, scraper & tag to approx. 4200' POH RIH perf Yeso interval 3778-4082', PPI Yeso perfs, Frac perfs Force close well 1-1/2-2 BPM Set RBP above San Andres perfs Perf shallow sands 1541-2212', Frac shallow sands Force close 1-1/2-2 BPM RIH w/completion assembly. Return well to production Downhole Commingle Order Approved DHC-2326 I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Administrative Assitant 05/24/99 TELEPHONE NO. 505-394-1649 TYPE OR PRINT NAME Kellie D. Murrish District Supervisor (This space for State Use) in W. Gran

TITLE