

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

Submit 3 Copies
to Appropriate
District Office

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 87504-2008

WELL API NO.

30-015-22628

5. Indicate Type of Lease

STATE ☒

FED ☐

6. State Oil & Gas Lease No.

E-7116

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR 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 G : 1330 Feet From The North Line and 1980 Feet from The East Line

Section 34

Township 17S

Range 28E

NMPM Eddy

County

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

3670.3 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) Recompletion of Abo ☒

12. Describe Proposed or completed Operations (Clearly state all pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1-30-91. MIRU. PU. POH w/CA.

1-31-91. Set CIBP at 6075. Press test to 500#. Perf Abo f/6054-6064. RIH w/pkr on 2-3/8 tbg. Acidize w/1500 gals. Swab load and test.

2-01-91. Swab and test.

2-03-91. Swab and test.

2-04-91. Set CIBP at 6044. Press test to 500#. Perf Abo f/6024-6034. RIH w/pkr on 2-3/8 tbg. Acidize w/1500 gals.

2-09-91. Swab and test.

2-06-91. In 16 hrs flwd 6 BO, 2 BLW, 1.1 MMCFG, 24/64" ck, 375# FTP. RIH w/CA: 2-3/8 tbg & pkr. Set at 5913.

13. 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

5/14/91

TYPE OR PRINT NAME

Ken W. Gosnell

TELEPHONE

(915) 688-5672

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT I

TITLE

DATE

MAY 16 1991

APPROVED BY

CONDITIONS FOR APPROVAL, IF ANY: