

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.                 | 30-015-22787   |
| 5. Indicate Type of Lease    | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 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:                             | RECEIVED                          |
| OIL WELL <input checked="" type="checkbox"/> | GAS WELL <input type="checkbox"/> |
|  | OTHER <input type="checkbox"/>    |

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

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

|   |  |
|---|--|
| 4. Well Location  |  |
| Unit Letter L : 2400 Feet From The SOUTH Line and 500 Feet From The WEST Line |  |
| Section 34 Township 17S Range 28E NMPM EDDY County                            |  |

|  |  |
|--|--|
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) |  |
| 3661.4' GR   |  |

|   |   |
|---|---|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |   |
| NOTICE OF INTENTION TO:   | SUBSEQUENT REPORT OF:                               |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>              |
| TEMPORARILY ABANDON <input checked="" type="checkbox"/>                       | ALTERING CASING <input type="checkbox"/>            |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>    |
| OTHER: <input type="checkbox"/>   | PLUG AND ABANDONMENT <input type="checkbox"/>       |
|   | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
|   | OTHER: <input type="checkbox"/>                     |

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 <i>[Signature]</i> | TITLE Administrative Supervisor | DATE March 11, 1991 |
| TYPE OR PRINT NAME           | TELEPHONE NO.                   |                     |

(This space for State Use)

|                                |                          |              |
|--------------------------------|--------------------------|--------------|
| APPROVED BY <i>[Signature]</i> | TITLE <i>[Signature]</i> | DATE 4/20/91 |
|--------------------------------|--------------------------|--------------|

CONDITIONS OF APPROVAL, IF ANY:

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