

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.
30-015-22822

5. Indicate Type of Lease
STATE ☒ FEE ☐

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:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
ARCO Permian

3. Address of Operator
P.O. Box 1089 Eunice, NM 88231

4. Well Location
Unit Letter **I** : **2250** Feet From The **S** Line and **23S** Feet From The **E** Line
Section **33** Township **17S** Range **28E** NMPM **Eddy** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3662' GL

7. Lease Name or Unit Agreement Name
Washington 33 State

8. Well No.
15

9. Pool name or Wildcat
Artesia Queen Grbg SA

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: **Add Perfs** ☐

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.

TD: 6370' PBD: 5635' PERFS: 2444-2965'

POH w/prod equipment
Set RBP above San Andres
Run Scraper & clean csg.
Perf OA 1486-2164'
Frac down casing
Flow back and force close
Pull RBP
Run tbq. anchor. rods & pmp

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

SIGNATURE Kellie D. Murrish TITLE Administrative Assistant DATE 02/26/99
TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505-394-1649

(This space for State Use)

APPROVED BY Jim W. [Signature] TITLE District Supervisor DATE 3-2-99
CONDITIONS OF APPROVAL, IF ANY: