

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.
30-015-28863

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 1710, Hobbs, New Mexico 88240

7. Lease Name or Unit Agreement Name
Dancer 32 State Com

8. Well No.
1

9. Pool name or Wildcat
Wildcat Red Lake Morrow

4. Well Location
Unit Letter H : 1728 Feet From The N Line and 9167 Feet From The E Line
Section 32 Township 17S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3690' 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: Frac well ☒

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: 10610' PBD: 10533' PERFS: 10200-10206'

08/17/96: FRAC WELL DOWN 3-1/2" CSG USING 28,000 GALLONS 60 QUALITY AKOFOAM FLUID CARRYING 16,500# 20/40 MESH INTER PROP PLUS. TREATING @ 6900# 14 BPM. TREATMENT MAX PRESS 6900#, MIN 6200#, AVG 6327#, AIR 14.2 BPM.

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 09/20/96

TYPE OR PRINT NAME Kellie D. Murrish

TELEPHONE NO. 505-391-16

(This space for State Use)
ORIGINAL SIGNED BY TSM IN CASE
OF DISCREPANCY

APPROVED BY _____ TITLE _____ DATE SEP 27 1996

CONDITIONS OF APPROVAL, IF ANY: