

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

CIST  
up

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. <b>30-015-28940-28946</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>DINAH 23 FED COM</b>
8. Well No. <b>1</b>
9. Pool name or Wildcat <b>EMPIRE, SOUTH, MORROW</b>

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator <b>ARCO PERMIAN</b>	3. Address of Operator <b>P.O. BOX 1610, MIDLAND, TX, 79702</b>
4. Well Location Unit Letter <b>M</b> : <b>1077</b> Feet From The <b>SOUTH</b> Line and <b>660</b> Feet From The <b>WEST</b> Line Section <b>23</b> Township <b>17S</b> Range <b>28E</b> NMPM <b>EDDY</b> County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3590 GR</b>		

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
FULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <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.

SPUD 17 1/2" HOLE ON 05-27-96. TD'D AT 560. RIH W/13 3/8 48# CSG TO 560. CMT'D W/575 SX C W/2% CC + 1/4# CS(YLD 1.32). CIRC CMT TO SURF. WOC 18 HRS. EST COMPRESS STRENGTH 2000#. PRESS TEST CSG TO 1000# FOR 30 MIN. DA W/12 1/4 BIT.

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

SIGNATURE Ken W. Gosnell TITLE AGENT DATE 06-36-96

TYPE OR PRINT NAME KEN W. GOSNELL TELEPHONE NO. 915 688-5672

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM M. GUN TITLE DISTRICT 4 SUPERVISOR DATE JUN 6 1996

CONDITIONS OF APPROVAL, IF ANY: