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State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

Form C-103 Revised 1-1-89

DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88241-1980 2040 Pacheco St. 30-015-30138 Santa Fe, NM 87505 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE \square DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Washington 33 State 1. Type of Well: GAS WELL WELL X OTHER . 2. Name of Operator 8. Well No. ARCO Permian 6 9. Pool name or Wildcat 3. Address of Operator P.O. Box 1089 Eunice. NM 88231 Artesia Queen Grbg SA 4. Well Location 1650 Unit Letter Feet From The Line and Feet From The Line 33 28E Eddy **17S** NMPM Township Range 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3667° GL 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK PLUG AND ABANDONMENT **CHANGE PLANS** COMMENCE DRILLING OPNS. **TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: Completion 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. 4000' PBD: 3952' PERFS: 2826-2295 08/27/98: Perf SA interval 2295-2826', 1 SPI, 55 holes. Acidize w/2000 gals 15% HCL acid. Frac w/150,000 gals Viking I-25 gel pad & 99,000 gals Linear gel 25# carrying 103,500# 20/40 brown sand & 2293 gals 10# Linear gel carrying 42.000# CR-4000 20/40 sand. Flush w/372 bbls gel. 08/28/98: RIH w/2-7/8", 6.5#, J-55, EUE8R tbg. Set @ 2270". TOTP 08/28/98. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Administrative Assistant <u>09/18/98</u> TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. (This space for State Use)

District Supervisor

APPROVED BY