

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. <b>30-015-30191</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>WASHINGTON "33" STATE</b>
8. Well No. <b>9</b>
9. Pool name or Wildcat <b>WILDCAT (YESO) &amp; ARTESIA (Q-G-SA)</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 checked="" type="checkbox"/> GAS WELL <input 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>F</b> : <b>1650</b> Feet From The <b>NORTH</b> Line and <b>2270</b> Feet From The <b>WEST</b> Line Section <b>33</b> Township <b>17S</b> Range <b>28E</b> NMPM <b>EDDY</b> County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3667'</b>

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: **SET CASING** ☒

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.

**5-12-98 SET 5-1/2" CASING @ 4200' WITH 775 SX CL. C CMT.  
CIRC. 81 SX TO PIT.**

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

SIGNATURE Laurie Cherry TITLE REGULATORY COMPLIANCE DATE 6-5-98  
TYPE OR PRINT NAME LAURIE CHERRY TELEPHONE NO. 915-688-5532

(This space for State Use)

APPROVED BY Jim W. Brown TITLE District Supervisor DATE 7-6-98  
CONDITIONS OF APPROVAL, IF ANY: