

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-015-30194
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 WASHINGTON "33" STATE
8. Well No. 14
9. Pool name or Wildcat WILDCAT (YESO) & ARTESIA (Q-G-SA)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3666'

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 1610 Midland, TX 79702

4. Well Location
Unit Letter **H**: **2282** Feet From The **NORTH** Line and **970** Feet From The **EAST** Line
Section **33** Township **17S** Range **28E** NMPM **EDDY** County

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

**5-21-98 SET 5-1/2" 15.5# CSG @4200' WITH 700 SX CLASS C CMT. CIRC.
30 SX CMT.**

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 6-2-98
TYPE OR PRINT NAME LAURIE CHERRY TELEPHONE NO. 915-688-5532

(This space for State Use)

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