

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

C/SF
Op

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.
015-30333

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.)

7. Lease Name or Unit Agreement Name
WASHINGTON "33" STATE

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

8. Well No.
23

2. Name of Operator
ARCO Permian

9. Pool name or Wildcat
ARTESIA; GLORIETA-YESO

3. Address of Operator
P.O. Box 1610 Midland, TX 79702

4. Well Location
Unit Letter M : 975 Feet From The SOUTH Line and 1060 Feet From The WEST Line

Section 33 Township 17S Range 28E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3671

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: SPUD & 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.

11/15/98 SPUD 12-1/4 HOLE. DRILL 0-470'.

11/16/98 RUN AND SET 8-5/8" 24# CSG @ 500 W/400 SX CL C CEMENT. WOC 19 HRS.
CIRC. 50 SX CMT TO SURF.

11/24/98 RUN AND SET 5-1/2" 17# CSG @4150 W/300 SX LEAD 35:65:6 CMT,
AND 560 SX TAIL CLASS C CMT. 8 CENTRALIZERS.
CIRC. 52 SX CMT TO SURFACE.



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 11/28/98

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

(This space for State Use)

APPROVED BY Jim W. Green TITLE District Supervisor DATE 1-5-99

CONDITIONS OF APPROVAL, IF ANY: