

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 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.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

647

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

Resler-Yates State

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Arch Petroleum Inc.

8. Well No.

61

3. Address of Operator

Suite II-A, 777 Taylor St., Fort Worth, TX 76102

9. Pool name or Wildcat

Artesia (QN,GB,SA)

4. Well Location

Unit Letter C : 2380 Feet From The West Line and 1060 Feet From The North Line

Section 32

Township 18

Range 28

NMPM Eddy

County

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

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: ☐

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.

Work proposed to satisfy Oil Conservation Division Order # WFX-588, Oct. 13, 1989:

Move in workover unit. Pull rods & tubing. Run 4 1/2, 9.50# casing to 2034'. Circulate cement to surface. Let cement set 24 hrs. Perforate well 2009' to 2022'. Acidize well with 750 gallons HCL. Run production string and place well on production.

* Show cement behind 8 1/4

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

SIGNATURE

Jim B. Paschall TITLE Vice President, Operations DATE 11/28/89

TYPE OR PRINT NAME

Jim B. Paschall

TELEPHONE NO. 817/332-9209

(This space for State Use)

* As noted above
ORIGINAL SIGNED BY

M. Williams

SUPERVISOR, DISTRICT II

TITLE

DATE

DEC 21 1989

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

Notify NMOO & O&G time to witness

Remedial work