Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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District Office		.		Kevised 1-1-39
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION		WELL API NO.	
DISTRICT II	P.O. Box 20 Santa Fe, New Mexico			·
P.O. Drawer DD, Artesia, NM 88210	Same 1 c, 14cw Michiel	NOV 30 '81	5. Indicate Type of I	STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas I.	
CHAIDDY NOTIC	CES AND REPORTS ON WE	O C D	\	041 7///////////////////
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER'		N OR PLUG BACK TO A	7. Lease Name or Ui	nit Agreement Name
1. Type of Well: OIL GAS WELL WELL	1.1-16-2-16-2-16-2-16-2-16-2-16-2-16-2-1	ection	Resler-Y#	ates State
2. Name of Operator	<u> </u>		8. Well No.	
Arch Petroleum Inc.			55	
3. Address of Operator		7/100	9. Pool name or Wild	
Suite II-A, 777 Taylor 4. Well Location	St., Fort Worth, TX	/6102	Artesia (UN, GB, SA)
	D Feet From The North	Line and144	Feet From Ti	ne <u>East</u> Line
Section 32	Township 18 R	ange 28 j	_{NMPM} Eddy	County
	10. Elevation (Show whether		E	
11. Check A	ppropriate Box to Indicate	Nature of Notice, Re	eport or Other D	
NOTICE OF INTE			SEQUENT RE	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	Al.	TERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING 💢		CASING TEST AND CE	MENT JOB	
OTHER: Set-up for injection	on	OTHER:	·	
12. Describe Proposed or Completed Operation work) SEE RULE 1103. Work proposed to satisfy		·	•	
Move in workover uni Circulate cement to	t. Pull rod & tubing surface. Let cement with 750 gallons HCL packer. Press t	. Rum 4 1/2, 9. set 24 hrs. Per	50# casing to forate well 3 3/8 lined tub	o 2055'. 2009' to ing with
** Perform remedial	work showing that	csg. strings ar	e constructe	d in a way to
protect frosh was	fer & confine injected	fluid accordi	ng to NMOCD	rules
			7	
I hereby certify that the information above is true at	\mathcal{L}_{i}		ent, Operation	ns 11/28/89
TYPEORPRINT NAME Jim B. Pasci				TELEPHONE NO.817/332-920
(This space for State Use) * A5 noteo	Ishoue			
ORIGINAL S	: 5			DEC 2 1 1989
311112	R, DISTRICT II	LE	 	DATE
CONDITIONS OF APPROVAL, IF ANY:	ay the state of th			