

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department  
RECEIVED

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

C. C. D.  
ARTESIA, OFFICE

WELL API NO.

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.)

1. Type of Well:

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

2. Name of Operator

Arch Petroleum Inc. ✓

3. Address of Operator

Suite II-A, 777 Taylor Street, Fort Worth, Texas 76102

4. Well Location

Unit Letter A : 990 Feet From The NORTH Line and 330 Feet From The East Line

Section 9 Township 18 S Range 28E NMPM Eddy County

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

3647 GL

7. Lease Name or Unit Agreement Name

THOMAS STATE

8. Well No.

15

9. Pool name or Wildcat

Artesia - QN, GB, SA

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.

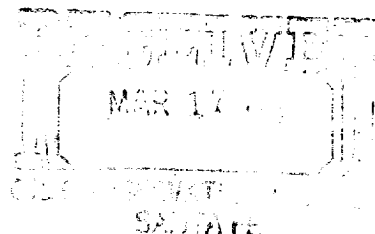
1/13/86 Cleared out well to 2485' with bailer

1/14/86 Perforated 2415-28, 2434-48 1 set spf  
Acidized with 3000 gal. 15% HCL

1/15/86 Swabed back treatment and placed well back on pump

No additional production gleaned from new perforations.

.5 BOPD, 3 BWPD Gas TSTM



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

SIGNATURE

TITLE

Vice President, Operations

DATE 3/9/89

TYPE OR PRINT NAME

Jim B. Paschall

(817)

TELEPHONE NO. 332-9209

(This space for State Use)

Original Signed By

Mike Williams

APPROVED BY

TITLE

DATE

MAR 20 1989

CONDITIONS OF APPROVAL, IF ANY: