

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

MAR - 5 '90

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.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER INJECTION

2. Name of Operator

Arch Petroleum Inc.

3. Address of Operator

777 Taylor St. II-A Fort Worth, Texas 76102

4. Well Location

Unit Letter N : 990 Feet From The South Line and 1650 Feet From The West Line

Section 29

Township 18

Range 28

NMPM EDDY

County

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

3546 GR

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.

11-21-89 MIRU workover unit. Pulled 11 1/2" rnd cement lined tubing and packer.

11-22-89 RIH with 2 3/8" workstring and shorty tension packer to 1600'. Set Packer and acidized perfs. 1964' to 1968' with 500 gallons 20% NeFe. Overflushed with 20 BBls. lease SW Flowed well back in hole with 2 3/8" tubing and shorty tension packer to 1879'. Set packer and tested annulus to commission specifications. (Witnessed by Mike Stubblefield, Artesia). Placed well on injection.

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

SIGNATURE Jim B. Paschall TITLE V.P. Operations

DATE 2/27/90

TYPE OR PRINT NAME Jim B. Paschall

TELEPHONE NO 817-332-9209

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____

DATE

MAR 6 1990

CONDITIONS OF APPROVAL, IF ANY: