

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

NOV -1 '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 A WELL OR TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:  
OIL WELL ☐ GAS WELL ☐ OTHER water injection

2. Name of Operator  
Arch Petroleum Inc.

3. Address of Operator  
Suite II-A, 777 Taylor Street, Ft. Worth, Texas 76102

4. Well Location  
Unit Letter G : 2150 Feet From The North Line and 1800 Feet From The East Line

Section 32 Township 18S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3542 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: Equip for injection ☒

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. Water flood expansion: order no. WFX-588

10/3/90 MIRU; Pull rods - tag bottom and strap out of hole - PBTD @ 2043. SDON.

10/4/90 RUI Bell Petroleum and run cement bond log. TOC 1670'  
RIH with Watson shorty tension packer to 1954.57' Circulated packer fluid.  
Set packer and tested annulus to 300# for 30 min. Witnessed by state. Tested OK

10/17/90 Well placed 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 10/30/90

TYPE OR PRINT NAME Jim B. Paschall

TELEPHONE NO 817/332-9209

(This space for State Use)

APPROVED BY [Signature] TITLE INSPECTOR

DATE 11-8-90

CONDITIONS OF APPROVAL, IF ANY: