

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

RECEIVED
JUL 30 1991
ARTESIA OFFICE

WELL API NO.

50 1991

Indicate Type of Lease

C. B.

STATE ☒

FEE ☐

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 Water Injection

2. Name of Operator

Arch Petroleum Inc.

3. Address of Operator

10 Desta Dr., Suite 420 East, Midland, Texas 79705

4. Well Location

Unit Letter H : 2310 Feet From The North Line and _____ Feet From The _____ Line

Section 32 Township 18S Range 28E NMPM Eddy County

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

3538 GR

7. Lease Name or Unit Agreement Name

Resler Yates State

8. Well No.

380

9. Pool name or Wildcat

Artesia QN SA GB

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: Packer Test ☒

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.

7-18-91 Unseat packer. Drop standing valve and pressure tbg for leaks. Pulled tbg and packer. Changed 1 jt of 2 3/8" tbg. Ran in hole with 2 3/8" tbg and packer. Set packer at 1997. Tested backside for 15 min. at 300#. Pressure held. Test ok. Put well back on injection.

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

SIGNATURE

David Miller

TITLE Operations Manager

DATE 7-25-91

TYPE OR PRINT NAME

David Miller

915-685-1961

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS

AUG 7 1991

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNED BY
MRS. WILLIAMS
SUPERVISOR, DISTRICT 11

1-11-60