Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

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

Form C-103 Revised 1-1-89

OTHER X TA  2. Name of Operator ARCO Permian 3. Address of Operator P.O. Box 1089 Eunice, NM 88231 4. Well Location Unit Letter 0 90 Feet From The S Line and 1456 Feet From The E Line Section 2 Township 18S Range 37E NMPM Eddy County 10. Elevation (Show whether DF, RKB, RT, GR, etc.)  11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	District Office		N 1				
DISTRICT III  DOB NO BETANDER IN M8210  SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPERN OR PLUG BACK TO A DIFFERENT RESERVOIR USE "REPULGATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.  1. Type of Woll:  WELL   COTHER x TA   S. Well No.  2. Name of Operator   S. Well No.  REPORTED REPORTS ON WELLS  (POR WOLL   COMM C-101) FOR SUCH PROPOSALS.  1. Type of Woll:  WELL   COTHER x TA   S. Well No.  2. Name of Operator   S. Well No.  REPORT REPORT THE   S. Line and   1456   Feet From The   E. Line   Empire Abo    10. Elevation Ghow whether DF, RKB, RT, GR, etc.)  11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO:  REPORT REMEDIAL WORK   PLUG AND ABANDON   CHANGE PLANS   COMMENCE ORALISMO OF NS.  PERFORM REMEDIAL WORK   PLUG AND ABANDON   CHANGE PLANS   COMMENCE ORALISMO OF NS.  PULL OR ALTER CASING   OTHER EST AND CEMENT JOB   DIFFER THE STAND CEMENT JOB    DIFFER:   OTHER EST AND CEMENT JOB   DIFFER THE STAND CEMENT JOB   DIFFER THE STAND CEMENT JOB    DIFFER THE STAND CEMENT JOB   OTHER EST AND CEMENT JOB   DIFFER THE STAND CEMENT					00010		
PRO Darwer DD, Artesia, NM 88210  SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOR, USE "APPLICATION FOR PERMIT"  (FORM C10) FOR SUCH PROPOSALS.)  1. Type of Well:  WELL OTHER x TA  2. Name of Operator  RECO Pereriar  3. Address of Operator  RECO Pereriar  4. Well Location  1. Unit Letter 0: 90 Feet From The S Line and 1456 Feet From The E Line  Certin 2 Tournship 185 Range 37E NMFM Eddy County  10. Elevation (Show whether DF, RKB, RT, GR, etc.)  11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS  COMMENCE ORIGINAL ABANDON CHANGE PLANS  TO HANGE PLANS  TO		G . F . D. K. OFFOF					
DETRICTION  SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A PETER FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A PETER FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A PETER FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A PETER FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A PETER FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A PETER FORM FOR PROPOSALS TO THE X TA	P.O. Drawer DD, Artesia, NM 88210  DISTRICT III			STATE LX FEE L			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL COR TO BEEPEN OR PLUG AND FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well (FORM C-101) FOR SUCH PROPOSALS.)  2. Name of Operator 8. Well No. 153  3. Address of Operator 9. Pool name or Wildcat Fingine Abo  4. Well Location Usit Letter 0. 90 Feet From The S Line and 1456 Feet From The E Line Usit Letter 0. 90 Feet From The S Line and 1456 Feet From The E Line NOTICE OF INTENTION TO:  1. Township 18S Range 37E NMFM Eddy County 19D. Elevation (Show whether DF, RKB, RT, GR, etc.)  1. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO:  1. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF:  1. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO:  1. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF:  1. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF:  1. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO:  1. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF:  1. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO:  1. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO:  1. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO:  1. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO:  1. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO:  1. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO:  1. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data Notice Nature of Notice, Nature of Notice, Nature of Notice							
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well:    Case   Other Action For Such Proposals.	SUNDRY NO	TICES AND REPORTS ON WE	ELLS				
OTHER X TA  2. Name of Operator  RERCO Permian  3. Address of Operator  4. Well Location Unit Letter  9. Pool From The Script  185 Range  37E NMPM  Eddy  County  10. Elevation (Show whether DF, RKB, RT, GR, etc.)  11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK  PLUG AND ABANDON  CHANGE PLANS  COMMENCE DRILLING OPNS.  CASING TEST AND CEMENT JOB  OTHER: MIT  12. Describe Proposed or Completed Operations Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any propriets  Work) SEERULE 1103.  TD: 6303 PBD: 6279 PERFS: 6028-6112'  04/11/00: Ran MIT. Pressured tested to 340#, held 15 mins. Test witnessed by Jerry Guy with the NMOCD. Chart attached.  Thereby certify that the Information alloys is true and complete to the best of my knowledge and belief.  SIGNATURE  THE Administrative Assistant  DATE 04/19/00  THE DATE OF NOTICE ASSISTANC SOS 394-1649  Thereby certify that the Information alloys is true and complete to the best of my knowledge and belief.  SIGNATURE  THE Administrative Assistant  DATE 04/19/00  THE DATE OF NOTICE OF NOTICE ASSISTANC SOS 394-1649  The space for State Use/  The space for State Use/  The space for State Use/	DIFFERENT RESE	RVOIR. USE "APPLICATION FOR PE	RMIT"		•		
ARCO Permian  3. Address of Operator P.O. Box 1089 Eurice, NM 88231  4. Well Location Unit Letter 0 90 Feet From The S Line and 1456 Feet From The E Line Section 2 Township 185 Range 37E NMPM Eddy Country 10. Elevation (Show whether DF, RKB, RT, GR, etc.)  11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDON CHANGE PLUL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: MIT	1. Type of Well: OIL WELL GAS WELL WELL	OTHER X TA					
3. Address of Operator P. O. Box 1089 Eunice, NM 88231  4. Well Location Unit Letter 0: 90 Feet From The S Line and 1456 Feet From The E Line Section 2 Township 185 Range 376 NMPM Eddy County 10. Elevation (Show whether DE, RKB, RT, GR, etc.)  11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB OTHER: MIT TO THERE MIT TO THE MIT T	2. Name of Operator						
4. Well Location Unit Letter 0 90 Feet From The S Line and 1456 Feet From The E Line Section 2 Township 18S Range 37E NMFM Eddy County  10. Elevation (Show whether DF, RKB, RT, GR, etc.)  11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PLUG AND ABANDON CHANGE PLANS CASING TEST AND CEMENT JOB  OTHER: MIT X  12. Describe Proposed or Completed Operation (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed or Starting and Sta							
4. Well Location Unit Letter 0 90 Feet From The S Line and 1456 Feet From The E Line Section 2 Township 185 Range 37E NNFM Eddy Country 10. Elevation (Show whether DF, RKB, RT, GR, etc.)  11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PULL OR ALTER CASING CHANGE PLANS 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 proper work) SEE RULE 1103.  TD: 6303' PBD: 6279' PERFS: 6028-6112'  04/11/00: Ran MIT. Pressured tested to 340#, held 15 mins. Test witnessed by Jerry Guy with the NMOCD. Chart attached.  Thereby certify that the Information above is true and complete to The best of my knowledge and belief.  SIGNATURE Administrative Assistant DATE 04/19/00 TYPE OR PRINTNAME Kellie D, Murrish  TILLE Administrative Assistant DATE 04/19/00 TYPE OR PRINTNAME Kellie D, Murrish  TILLE PHONE NO. 505-394-1649	3. Address of Operator P.O. Box 1089 Eunice, NM {	38231			.at		
Section 2 Township 18S Range 37E NMPM Eddy County  10. Elevation (Show whether DF, RKB, RT, GR, etc.)  11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  PERFORM REMEDIAL WORK PLUG AND ABANDON REMPORABILLY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB OTHER: MIT  12. Describe Proposed or Completed Operation Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.  TD: 6303' PBD: 6279' PERFS: 6028-6112'  04/11/00: Ran MIT. Pressured tested to 340#, held 15 mins. Test witnessed by Jerry Guy with the NMOCD. Chart attached.  Thereby certify that the Information aboys is true and complete to the best of my knowledge and helief.  SECNATURE Administrative Assistant DATE 04/19/00  TYPE OR PERNT NAME: Kellie D. Murrish TREEPHONE NO. 505-394-1649  (This space for State Use)	4. Well Location		Line and 1456	5 Feet From The	<u> E</u>	Line	
Thereby certify that the information above is true and complete to the best of my knowledge and belief.    The content of the part of the space for State Use	2	100	275			County	
NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  REFORM REMEDIAL WORK	Section			AIAII IAI			
NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  REFORM REMEDIAL WORK				///			
CASING TEST AND CEMENT JOB  OTHER:	NOTICE OF IN	PLUG AND ABANDON	REMEDIAL WORK	☐ ALT	ERING CASING		
DTHER: OTHER: MIT  12. Describe Proposed or Completed Operation Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed or Completed Operation Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed or Complete do See See See See See See See See See Se	TEMPORARILY ABANDON	CHANGE PLANS —	COMMENCE DRILLING	OPNS. PLU	G AND ABANDON	MENI '—	
12. Describe Proposed or Completed Operations Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed or Completed Operations Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed or SER RULE 1103.  TD: 6303' PBD: 6279' PERFS: 6028-6112'  04/11/00: Ran MIT. Pressured tested to 340#, held 15 mins. Test witnessed by Jerry Guy with the NMOCD. Chart attached.  THE Administrative Assistant  THE Administrative Assistant  DATE 04/19/00  THE OPENIT NAME Kellie D. Murrish  TELEPHONE NO. 505-394-1649  (This space for State Use)	PULL OR ALTER CASING		CASING TEST AND CEN	MENT JOB L			
12. Describe Proposed or Completed Operations Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed or SEE RULE 1103.  TD: 6303' PBD: 6279' PERFS: 6028-6112'  04/11/00: Ran MIT. Pressured tested to 340#, held 15 mins. Test witnessed by Jerry Guy with the NMOCD. Chart attached.  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE Administrative Assistant  DATE 04/19/00  TELEPHONE NO. 505-394-1649  (This space for State Use)	OTHER:		OTHER: MIT		<del></del>	<u>  X</u>	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE Administrative Assistant DATE 04/19/00  TYPE OR PRINT NAME Kellie D. Murrish  TELEPHONE NO. 505-394-1649	work) SEERULE 1103.  TD: 6303' PBD: 6279'  04/11/00: Ran MIT. Proby Jerry Guy	PERFS: 6028-6112' essured tested to 340#, held with the NMOCD. Chart atta	i 15 mins. Test wi ached.	tnessed	14151617 1819:	202723	
(This space for State Use)	SIGNATURE JULIE 4.	Musical III			DATE04/19	/00	
		7	^				

