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Submit 3 Copies
to Appropriate

District Office

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

API NO. (assigned by OCD on New Wells) 30-025-29446	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. 20588	
7. Lease Name or Unit Agreement Name McCall	
8. Well No. 1	
9. Pool name or Wildcat Atoka; Glorieta-Yeso	

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input checked="" type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Arch Petroleum, Inc.	
3. Address of Operator 10 Desta Dr., Suite 420E, Midland, TX 79705	
4. Well Location Unit Letter L : 1650 Feet From The South Line and 330 Feet From The West Line Section 24 Township 18S Range 26E 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 <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CMT JOB <input checked="" type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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.

Spudded well @ 12:45 pm CDST 5/18/97.

Set 8-5/8" casing on May 23, 1997 @ 991' with 700 sxs cmt. and circ. 100 sx to surface. Witnessed by OCD representative.
Test BOP to 900#.

WOC. ? hrs

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

SIGNATURE Bobbie Brooks TITLE Production Analyst

DATE: 5/27/97

TYPE OR PRINT NAME Bobbie Brooks

TELEPHONE NO. (915)685-1961

APPROVED DISTRICT II SUPERVISOR TITLE ORIGINAL SIGNED BY TIM W. GUM
CONDITIONS OF APPROVAL, IF ANY:

DATE JUN 10 1997