

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. **30-015-29875**

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
MIMOSA 8 STATE COM #1

8. Well No.
1

9. Pool name or Wildcat
ILLINOIS CAMP. NORTH (MORROW)

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

2. Name of Operator
ARCO Permian

3. Address of Operator
P.O. Box 1610 Midland, TX 79702

4. Well Location
Unit Letter **N** : **350** Feet From The **SOUTH** Line and **2003** Feet From The **WEST** Line
Section **8** Township **18S** Range **28E** NMPM EDDY County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3612

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input 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.

10/10 MIRT, SPUD 11" HOLE

10/11 RUN AND CMT. 13-3/8" CSG 0550'. CIRC. TO SURF. WOC 11 HRS.

10/18 RUN AND CMT. 9-5/8" @ 2560'. 900 SX CMT-CIRC. 135 SX TO SURF. WOC 10 HRS.



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

SIGNATURE Laurie Cherry TITLE REG./COMP. ASST DATE 10/22/97

TYPE OR PRINT NAME LAURIE CHERRY

(This space for State Use)

TELEPHONE NO. 915-688-5532

ORIGINAL SIGNED BY TIM W. GUM

APPROVED BY DISTRICT II SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE NOV 10 1997