

Submit 3 Copies
to Appropriate
District Office

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 87504-2008

RECEIVED

OCT 11 1991

O. C. D.
ARTESIA OFFICE

WELL API NO. 30-015-26522
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FREE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM-4681
7. Lease Name or Unit Agreement Name State 2
8. Well No. 7
9. Pool Name or Wildcat Shugart yts SRQGR
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3476.2 KE

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> other Dry Hole	2. Name of Operator ARCO OIL and GAS COMPANY /
3. Address of Operator P.O. Box 1610, Midland, Texas 79702	4. Well Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1650</u> Feet from The <u>West</u> Line Section <u>2</u> Township <u>19S</u> Range <u>30E</u> NMPM <u>Eddy</u> County

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) ☐

12. Describe Proposed or completed Operation (Clearly state all pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

6/23/91 RU PU. POH w/CA. P&A as follows:

Plug	Interval	Cmt	Remarks
1	0-2949	350 sx	CIBP set at 2949. Spot 350 sx.

Cut off WH & installed dry hole markers. P&A'd 6-25-91.

Port ID-2
6-14-91
P&A

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

SIGNATURE Ken W. Gosnell TITLE Regulatory Coordinator DATE 10-9-91

TYPE OR PRINT NAME Ken W. Gosnell TELEPHONE (915) 688-5672

(This space for State Use)

APPROVED BY Johnny Robinson TITLE REGULATORY INSPECTOR DATE 9-22-92
CONDITIONS FOR APPROVAL, IF ANY