

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

C15F
8

OIL CONSERVATION DIVISION

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

015-30850

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

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 1 : 750 Feet From The NORTH Line and 710 Feet From The EAST Line

Section 36 Township 20-1/2S Range 21E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4455

7. Lease Name or Unit Agreement Name

SWEET THING STATE "36"

8. Well No.

2

9. Pool name or Wildcat

INDIAN LOAFER DRAW: UPPER PENN

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: SPUD & SET CASING ☒

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.

3/6/00 SPUD 17-1/2 HOLE. DRILL 0-1400'.

3/4/00 RUN AND SET 8-5/8" 32# CSG @ 1401 W/525 SX CL C CEMENT.
DID NOT CIRC TO SURFACE. HALLIBURTON PUMP 500 SX "C" VIA 1" TBG IN 6 STAGES.
TO BRING CMT TO 50'. RINISH TOP OUT W/2 YD REDI-MIX CMT. WOC 19 HRS.

3/28/00 RUN AND SET 5-1/2" 15.5# CSG @6389 W/370 SX LEAD CL. C CMT
TOC CALC @4500'.



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

SIGNATURE Laurie Cherry TITLE REGULATORY COMPLIANCE DATE 4/5/00

TYPE OR PRINT NAME LAURIE CHERRY TELEPHONE NO. 915-688-5532

(This space for State Use)

APPROVED BY For Record only TITLE DATE JUN 05 2001

CONDITIONS OF APPROVAL, IF ANY: