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

DATE

District Office				
<u>DISTRICT I</u> P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATI		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM	87505	30-015-30850	
DISTRICT III		3141516171819	5. Indicate Type of Lease STATE X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410		<i>₹</i>	State Oil & Gas Lease No.	
SUNDRY NOTI	CES AND REPORTS ON WE	LES JUL 2020		
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER	VOIN, USE APPLICATION FOR PE	NOR PLANCE BEFORE TO A	7. Sase Name or Unit Agreement Name	(11/1//
1. Type of Well:	101) FOR SUCH PROPOSALS.)	- ARTESIA	Sweet Thing 36 State	
OIL GAS WELL X	OTHER	So, a		
2. Name of Operator		15.05.60	8. Well No.	
ARCO Permian 3. Address of Operator			2	
P.O. Box 1089 Eunice, NM 88	3231		9. Pool name or Wildcat Indian Loafer Draw Upper Penn	
4. Well Location Unit Letter 1 750	Feet From TheN	Line and71		
	rect From the	Line and /1	Feet From TheE	Line
Section 36	Township 20.5S F	Range 21E her DF, RKB, RT, GR, etc	NMPM Eddy Co	punty
	10. Elevation (Snow when	4455'		
11. Check App	propriate Box to Indicate	Nature of Notice,	Report, or Other Data	<u> </u>
NOTICE OF IN	TENTION TO:	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	Г
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING		
PULL OR ALTER CASING		CASING TEST AND CE		∤ ⊺
OTHER:		OTHER: SI/Flowing		X
12 Describe Proposed of Completed Occur		_		
work) SEE RULE 1103.	itions (Clearly state all pertinent de	tails, and give pertinent dat	es, including estimated date of starting any pro	posed
Completion Date: 04/25/0 TD: 6400' PBD: 6375' 5-1/2" csg set @ 6389', 1 2-3/8" tbg set @ 6050' Perfs: 5938-5994, 6318-6 Prover line size 2.900 X	5.5 # 350'	250 X 1500		
SI Date 07/14/00: SI tbg Well opened on 07/16/00:	press @ 575#, SI csg pre Flowing TP @ 180#, SI cs setting @ 18/48" to a fu	g press @ 180#, sur	press @ O#, No Pkr f csg press @ O#. Choke	
In 24 hrs well produced 0	BO, 0 BW, 575 MCF.			
I hereby certify that the information above is true	e and complete to the best of my knowledg	ge and helief.		
SIGNATURE ALLILE 14. 47	12		ve Assistant DATE07/17/00	
TYPE OR PRINT NAME Kellie D. Murr				
				<u>049</u>
Jem l	e. Been	Districts	elevisor III 12	2000