

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**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

**OIL CONSERVATION DIVISION**

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.  
**30-015-05840**

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
**STATE AA-2**

8. Well No.  
**#1**

9. Pool name or Wildcat  
**SWD: DELAWARE**

**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 1089 Eunice, NM 88231**

4. Well Location  
Unit Letter **A** : **660** Feet From The **N** Line and **660** Feet From The **S** Line

Section **2** Township **23S** Range **31E** NMPM **EDDY** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
**3452' DF**

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: ☐

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.

TD: 5800' PBD: 5750' PERFS: 4489-5670'

MIRUPU. SET PLUG IN PKR. STING OUT OF PKR.  
POH W/2-7/8" IPC J-55 TBG.  
RIH W/3-1/2" IPC J-55 TBG. SET @ 4389'.  
PULL PLUG OUT OF PKR.  
RUN MIT

VERBAL NOTIFICATION WILL BE MADE PRIOR TO COMMENCEMENT.

APR 1998  
RECEIVED  
OCD - ARTESIA

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

SIGNATURE Kellie D. Murrish TITLE Administrative Assistant DATE 04/02/98

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505-394-1649

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 4-7-98

CONDITIONS OF APPROVAL, IF ANY: