

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

C/SF  
b

**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.

30-015-24954

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. State Oil & Gas Lease No.

FEDERAL

7. Lease Name or Unit Agreement Name

BARCLAY FEDERAL

8. Well No.

1

9. Pool name or Wildcat

SAND DUNES MORROW NORTH

**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 N 660 Feet From The S Line and 1980 Feet From The W Line

Section 01 Township 23S Range 31E NMPM EDDY County

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

3500' GR

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: OFF LEASE MEASUREMENT ☒

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: 15500' PBD: 14530' PERFS: 14400-14414'

ARCO Permian requests permission to conduct off lease measurement on the Barclay Federal #1. Measurement equipment is located in Unit Letter K, 1980' FSL & 1980' FWL, Section 16-23S-31E, Eddy County, NM. The gas sales are currently going to El Paso Field Services. This request has been approved by BLM under conditions that like approval is issued by the NMOCD.

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

09/05/97

TYPE OR PRINT NAME

Kellie D. Murrish

TELEPHONE NO.

505-394-1649

(This space for State Use)

RECEIVED BY TIM W. GUNN  
DISTRICT SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SEP 26 1997