

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.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-1313

7. Lease Name or Unit Agreement Name

MEDANO STATE

8. Well No.

1

9. Pool name or Wildcat

LIVINGSTON RIDGE SOUTH (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 1610 Midland, TX 79702

4. Well Location

Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line

Section 36 Township 2S Range 31E NMPM EDDY County

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

3466' 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: PLUGBACK TO DELAWARE INTERVAL 8107-8284 ☒

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.

5/12/97 MIRU PULLING UNIT, PULL TUBING, PUMP, AND RODS.

SET CIBP @10,100'. TOP WITH 35' CEMENT.

PERF. INTERVAL 8107-8284 W/24 HOLES.

FRAC W/1000 GAL 15% HCL; 46,000 GAL. X-LINK GEL;

190,000 #SD

RUN 2 7/8" TO 8037'

SWAB TEST WELL.

5/23/97 RDMO PULLING UNIT .

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

SIGNATURE

Elizabeth A. Casbeer

TITLE REG./COMP. ANALYST

DATE 6-18-97

TYPE OR PRINT NAME ELIZABETH A. CASBEER

TELEPHONE NO. 915-688-5570

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY

TITLE

DATE

JUL 8 1997

CONDITIONS OF APPROVAL, IF ANY:

