

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

CLSF
up

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.
30-015-29525

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.
2

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 2. Name of Operator ARCO Permian |
| 3. Address of Operator P.O. Box 1610 Midland, TX 79702 | 4. Well Location Unit Letter N : 660 Feet From The SOUTH Line and 1681.95 Feet From The WEST Line |
| Section 36 Township 22S Range 31E NMPM EDDY County | 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3460' |

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 & ADD PERFS** ☒

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.

8-27-97 - SET CIBP @ 8100' WITH 35' CEMENT ON TOP. PERF 7142-7263 (1 SPF) WITH 22 HOLES.

8-28-97 - ACIDIZE PERFS WITH 2000 GAL. 15%; FRAC W/42,000 GAL VIK I-30;
136,640 #SD.

9-4-97 - 2-7/8 PROD. TUBING @6996'.

9-10-97 - TEST: 17 BO, 360 BW, CASING PRESSURE 40#, TUBING PRESSURE 150#, GRAVITY 42.1

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 **9-18-97**

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

SEP 10 1997

CONDITIONS OF APPROVAL, IF ANY: