

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

C15.F
92

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. 30-015-29926
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name BARCLAY STATE
8. Well No. 8
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	
2. Name of Operator ARCO Permian	
3. Address of Operator P.O. Box 1610 Midland, TX 79702	
4. Well Location Unit Letter 1 : 990 Feet From The NORTH Line and 470 Feet From The EAST Line Section 2 Township 23S Range 31E NMPM EDDY County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3447	

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.

6-13-98 SET 8-5/8" @ 4425 W/1400 SX CLASS C CEMENT. WOC 9 HRS. CEMENT
DID NOT CIRCULATE. RUN TEMP SURVEY TOC @ 1200'. 1" OUTSIDE CEMENT
JOB. TAG CMT W/ 1" TBG @ 1248' 455 SX CMT. CIRC 15 SX TO PIT.

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

SIGNATURE Laurie Cherry TITLE REGULATORY COMPLIANCE DATE 6/16/98
TYPE OR PRINT NAME LAURIE CHERRY TELEPHONE NO. 915-688-5532

(This space for State Use)

APPROVED BY Jim W. Brown TITLE District Supervisor DATE 6-23-98
CONDITIONS OF APPROVAL, IF ANY: