

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

C15F
Op

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

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

WELL API NO.
30-01530809

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

BARCLAY STATE

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator

ARCO Permian

8. Well No.

7

3. Address of Operator

P.O. Box 1610 Midland, TX 79702

9. Pool name or Wildcat

LIVINGSTON RIDGE SOUTH (DELAWARE)

4. Well Location

Unit Letter P 660 Feet From The SOUTH Line and 660 Feet From The EAST Line

Section 2 Township 23S Range 31E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3454

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: SPUD AND SET CASING ☐

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.

4/6/00 - SPUD 17-17/2" SURFACE HOLE @40'.

4/8/00 - SET 13-3/8" 48# J-55 CASING @895 W/700 SX CL C CMT. CIRC. 119 SX
TO SURFACE. WOC 20 HRS.

4/15/00 - SET 8-5/8" 32# J-55 CASING @4473' W/1800 SX CL C CMT. CIRC. 162 SX CMT.
WOC 21 HRS.

4/23/00 - SET 5-1/2" 17# J-55 CASING @8482' W/860 CL H CMT. TOC 1890'.



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 5/1/00

TYPE OR PRINT NAME LAURIE CHERRY

TELEPHONE NO 915-688-5532

(This space for State Use)

**ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR**

APPROVED BY _____ TITLE _____ DATE JUN 19 2000

CONDITIONS OF APPROVAL, IF ANY: