

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT I
P.O. Box 1980, Hobbs NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-025-32834

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
ERNEST C. ADKINS

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No.
13

2. Name of Operator
ARCO Permian

9. Pool name or Wildcat
EUMONT YATES SRQ GAS

3. Address of Operator
P.O. Box 1710, Hobbs, New Mexico 88240

4. Well Location
Unit Letter **B** : **1051** Feet From The **N** Line and **1980** Feet From The **E** Line

Section **9** Township **21S** Range **36E** NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3585' 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: COMPLETION NW

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.

FD: 3700' PBD: 3619' PERFS: 3221-3594'

03/15/95: PERF EUMONT INTERVAL 3221-3594', .40 HOLE SIZE, 36 SHOTS. STIMULATE W/3600 GALS
7-1/2% HCL. FRAC W/233 TONS CO2, 296.970# 12/20 BRADY, 45.280# 12/20 RESIN.

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 03/27/95

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 391-1649

(This space for State Use)

**ORIGINAL SIGNED BY
GARY WINK
FIELD REP. II**

APPROVED BY _____ TITLE _____ DATE APR 03 1995

CONDITIONS OF APPROVAL, IF ANY: