

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 88240

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. 30-025-12389
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name West Dollarhide Devonian Unit
Well No. 111
Pool name or Wildcat Dollarhide Devonian

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.)

Type of Well:
OIL WELL GAS WELL OTHER

Name of Operator
Arch Petroleum Inc.

Address of Operator
P. O. Box 10340, Midland, TX 79702-7340

Well Location
Unit Letter A : 567 Feet From The North Line and 660 Feet From The East Line
Section 5 Township 25 Range 38 NMPM Lea County

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

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 ANBANDONMENT
 CASING TEST AND CEMENT JOB
 OTHER:

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.

It is proposed to :

- Set CIBP @ 7308' & 7425'
- Pressure test to 500# for 30 minutes (Record results on chart for subsequent report).

Temporarily abandon wellbore until we receive partner approval to P&A.

**RECORDS SHOW TOP PERF. 7502'
SET CIBP WITHIN 100' OF TOP PERF.**

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PRODUING OPERATIONS FOR THE CIBP TO BE APPROVED.

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

SIGNATURE *Cathy Tomberlin*

TITLE Operation Tech

DATE 01-31-01

TYPE OR PRINT NAME Cathy Tomberlin

TELEPHONE NO. 915-685-8100

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FEB 13 2001