

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

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-015-30276

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.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

ARCO Permian

3. Address of Operator

P.O. Box 1089 Eunice, NM 88231

7. Lease Name or Unit Agreement Name

Washington 33 State

8. Well No.

3

9. Pool name or Wildcat

Redlake Queen Grayburg SA

4. Well Location

Unit Letter **B** : **260** Feet From The **N** Line and **1550** Feet From The **E** Line

Section **33** Township **17S** Range **28E** NMPM **Eddy** County

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

3677' GL

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 Csg** ☒

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.

07/17/98: Spud 12-1/4" hole, set 8-5/8" csg @ 532'. Cmt w/325 sx Class "C"
cmt. Circ 70 sxs to pit. 18 1/4 hrs WCC per Kellie Murrish

07/19/98: Drill 7-7/8" hole to 2950'. Set 5-1/2" csg @ 2950'. Set csg with 200 sx 35;65;5
lead cmt, tailed in w/400 sxs Class "C". circ 30 sxs cmt.

07/23/98: Release rig pending completion.

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 **08/24/98**

TYPE OR PRINT NAME

Kellie D. Murrish

TELEPHONE NO. **505-394-1649**

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM

DISTRICT II SUPERVISOR

APPROVED BY

TITLE

DATE

8-26-98

CONDITIONS OF APPROVAL, IF ANY: