

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. 30-025-36647
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name J. R. Holt NCT A
Well No. 6
Pool name or Wildcat Fowler 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
Name of Operator Arch Petroleum Inc.	Well No. 6
Address of Operator P. O. Box 10340, Midland, TX 79702-7340	Pool name or Wildcat Fowler Devonian
Well Location Unit Letter <u>G</u> : <u>2530</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>24S</u> Range <u>37E</u> NMPM <u>Lea</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3251'	

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Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

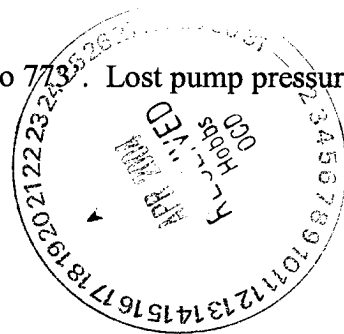
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

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.

Spud - MIRU Capstar #14. Spud well @ 23:30 hrs 04/04/04. Drld 17-1/2" hole to 773'. Lost pump pressure and pipe parted, lost fish. Attempt to recover fish unsuccessful.



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

SIGNATURE Cathy Wright TITLE Sr. Operation Tech DATE 04/15/04

TYPE OR PRINT NAME Cathy Wright 432-685-8100 TELEPHONE NO.

(This space for State Use)

APPROVED BY Harry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE APR 20 2004

CONDITIONS OF APPROVAL, IF ANY: