

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025-10823
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name May "A"
8. Well Number 1
9. OGRID Number 000962
10. Pool name or Wildcat Langlie - Matrix

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Arch Petroleum, Inc.	
3. Address of Operator PO Box 10340, Midland, Texas 79701	
4. Well Location Unit Letter B : 660 feet from the North line and 1980 feet from the East line Section 21 Township 23 S Range 37 E NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type Steel Depth to Groundwater 94 Distance from nearest fresh water well 1000 Distance from nearest surface water 1000	
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material	

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. Plug #1 - Tag C.I.B.P. 3,250' cap w/ 25 sx cement.
2. Plug #2 - Perforate @ 1,950' Sqz. Perfo. w/ 60 sx, Tag @ 1,820.
3. Plug #3 - Perforate @ 1,350' Sqz. Perf. w/ 60 sx, Tag @ 1,240'.
4. Plug #4 - Perforate @ 350' Sqz Perf. w/ 110 sx, Tag @ 200'.
5. Plug #5 - Surface Plug, 10 sx. - 11/31/06



Approved as to plugging of the Well Bore.  
Liability under bond is retained until  
surface restoration is completed.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE [Signature] TITLE Agent DATE 1/31/06  
OC FIELD REPRESENTATIVE II/STAFF MANAGER

Type or print name E-mail address: Telephone No.

For State Use Only

APPROVED BY: [Signature] TITLE DATE

Conditions of Approval (if any):

FEB 20 2006