| Submit 3 Copies To Appropriate District Office   | State of New Mexico                           |  |                               | Form C-103   |  |
|--|---|--|-------------------------------|--|--|
| District I   | Energy, Minerals and Natural Resources        |  |                               | May 27, 2004   |  |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II   | T   |  |                               | WELL API NO.<br>30-025-11085                           |  |
| 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION  |   |  | 5. Indicate Type of Lease     |  |  |
| District III 1220 South St. Francis Dr.  |   |  | STATE $\square$ FEE $\square$ |  |  |
| District IV  | 0 Rio Brazos Rd., Aztec, NM 87410<br>trict IV |  |                               | 6. State Oil & Gas Lease No.                           |  |
| 1220 S. St. Francis Dr., Santa Fe, NM  |   |  |                               |  |  |
| 87505<br>SUNDRY NOTICES AND REPORTS ON WELLS   |   |  |                               |  |  |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  |   |  |                               | 7. Lease Name or Unit Agreement Name                   |  |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH  |   |  |                               | S. J. Carr   |  |
| PROPOŜALS.)  |   |  | •                             | 8. Well Number 6                                       |  |
| 1. Type of Well: Oil Well Gas Well Other   |   |  |                               |  |  |
| 2. Name of Operator<br>Arch Petroleum Inc.   |   |  |                               | 9. OGRID Number<br>000962                              |  |
| 3. Address of Operator   |   |  |                               | 10. Pool name or Wildcat                               |  |
| P. O. Box 10340, Midland, TX 79702-7340  |   |  |                               | Fowler Upper Yeso                                      |  |
|  |   |  |                               |  |  |
| 4. Well Location<br>Unit Letter <u>L</u> : <u>1650</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>West</u> line |   |  |                               |  |  |
| Unit Letter <u>L</u> :   |   |  |                               |  |  |
| Section 10   |   |  | nge 37E                       | NMPM Lea County  |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3265'  |   |  |                               |  |  |
| Pit or Below-grade Tank Application  |   |  |                               |  |  |
|  |   |  |                               |  |  |
| · · · ·  |   |  |                               |  |  |
| Pit Liner Thickness: mil   | Below-Grade Tank: Volu                        |  | DDIS; COI                     | nstruction Material                                    |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   |   |  |                               |  |  |
|  |   | 1  |                               |  |  |
|  |   |  |                               | SEQUENT REPORT OF:                                     |  |
|  |   |  |                               |  |  |
|  |   |  |                               |  |  |
|  | MULTIPLE COMPL                                |  | SING/CEMENT                   |  |  |
| OTHER:   |   |  | HER:                          | Temporarily Abandon                                    |  |
|  | oleted operations. (Clearly                   |  | nent 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.   |   |  |                               |  |  |
|  |   |  |                               |  |  |
|  |   | · · ·  |                               |  |  |
|  | sion to TA the above caption                  | oned well. A   | CIBP was set at               | 5230' and an integrity test run. See attached          |  |
| chart.   |   |  |                               | 103420   |  |
|  |   |  |                               | N121314157675  |  |
|  |   |  |                               |  |  |
|  |   |  |                               | A<br>Hobbs<br>OCD<br>Receiv<br>Hobbs                   |  |
|  |   | ,  |                               |  |  |
|  |   | 1 1  |                               |  |  |
| This ADAM  | wal of Temporary                              | 21211  | //                            |  |  |
| This Appro   | oval of Temporary<br>nent Expires             | 2121   |                               |  |  |
| ABSUGDIN   | lein Explice Internet                         |  |                               |  |  |
|  |   | 1  |                               | 003165158583 <sup>3032</sup>                           |  |
|  | i i i i i i i i i i i i i i i i i i i         | a nga ngangang ngang ngang na na<br>Panggang ngang ngang na na | . 36.                         | 00000  |  |
|  |   |  |                               | :<br>  |  |
| I hereby certify that the information  | above is true and complete                    | e to the best of   | f my knowledge                | e and belief. I further certify that any pit or below- |  |
| grade tank has been/will be constructed of   | r closed according to NMOCD g                 | uidelines 🛄, a g   | general permit 🔲 🤅            | or an (attached) alternative OCD-approved plan 🗍.      |  |
| SIGNATURE Starl  | Instat T                                      | TTLE Sr. E   | ng Tech                       | DATE <u>3-20-06</u>                                    |  |
|  | (   | <u> 11 EE _ 51. E</u>  |                               | DATEDATE   |  |
| Type or print name Cathy Wright  | E-mail address: wrig                          | ghtc@pogopr  | oducing.com                   | Telephone No. 432-685-8100                             |  |
| For State Use Only   | N   |  | 0                             |  |  |
| 4  |   |  |                               | STATE D  |  |
| APPROVED and   | h   |  | tative il/stak                | FMANAGE  |  |
| BY:  | NOT SC FIELD                                  | REPRESEN   | AIVENO                        | DATEConditions of                                      |  |
| Approval (if any):   |   |  |                               | ······································                 |  |

