| NO. OF COPIES RECEIVED  |   |                                       |  |                       | Form C-103                        |                                |             |  |
|---|---|---------------------------------------|--|-----------------------|-----------------------------------|--------------------------------|-------------|--|
| DISTRIBUTION  | ON                                      |                                       |  |                       | Supersedes Old<br>C-102 and C-103 |                                |             |  |
| SANTAFE   | NEW M                                   | EXICO OIL CON                         | SERVATION COMM                                     | IISSION               | Effective 1-1-                    |                                |             |  |
| FILE  |   |                                       |  |                       |                                   |                                |             |  |
| u.s.g.s.  |   |                                       |  |                       | 5a. Indicate Type                 | e of Lease                     |             |  |
| LAND OFFICE   |   |                                       |  |                       | State X                           | Fee                            |             |  |
| OPERATOR  |   |                                       |  |                       | 5. State Oil & Go                 |                                |             |  |
|   |   |                                       |  |                       | E-15                              | ·82                            |             |  |
| SUN<br>(DO NOT USE THIS FORM FOR<br>USE "APPLI                  | DRY NOTICES AND PROPOSALS TO ORILL OR T | REPORTS ON                            | WELLS<br>BACK TO A DIFFERENT OF<br>THE PROPOSALS.) | RESERVOJA.            |                                   |                                |             |  |
| OIL X GAS WELL  | OTHER-                                  |                                       |  |                       | 7. Unit Agreemer                  |                                |             |  |
| , Name of Operator  |   |                                       |  |                       | 8. Farm or Lease Name             |                                |             |  |
| American Cometra, Inc.  |   |                                       |  |                       | Arco State                        |                                |             |  |
| , Address of Operator   |   |                                       |  |                       | 9. Well No.                       |                                |             |  |
| P. O. Box 1749; Midland, Texas 79702                            |   |                                       |  |                       |                                   | 2                              |             |  |
| , Location of Well  |   |                                       |  |                       |                                   | 10. Field and Pool, or Wildcat |             |  |
| UNIT LETTER 0 . 405 FEET FROM THE SOUTH LINE AND 1850 FEET FROM |   |                                       |  |                       |                                   | Vacuum, S. (Wolfcamp)          |             |  |
|   |   |                                       | ÷  |                       |                                   |                                | III         |  |
| THE east LINE, SEC  | CTION                                   | OWNSHIP 18-S                          | NANCE35  | <u>-E</u>             |                                   |                                | III         |  |
|   | ······                                  | · · · · · · · · · · · · · · · · · · · |  |                       |                                   | 7777777                        | <i>111</i>  |  |
|   | ///////                                 |                                       | DF, RT, GR, etc.)                                  |                       | 12. County                        |                                | III         |  |
|   | <u> </u>                                | 3920.3' GL                            | <del></del>  |                       | Lea                               | MIIIII                         | 777,        |  |
| . Checl   | k Appropriate Box                       | To Indicate N                         | ature of Notice                                    | Report or Oth         | er Data                           | •                              |             |  |
|   | INTENTION TO:                           | !                                     | -  | SUBSEQUENT            |                                   |                                |             |  |
|   |   | •                                     |  | _                     |                                   |                                |             |  |
| ERFORM REMEDIAL WORK  | PLUG                                    | AND ABANDON                           | REMEDIAL WORK                                      |                       | ALTER                             | ING CASING                     |             |  |
| EMPORARILY ABANDON  |   |                                       | COMMENCE DRILLING                                  | OPNS.                 | PLUG A                            | ND ABANDONMENT                 |             |  |
| ULL OR ALTER CASING   | CHANG                                   | GE PLANS                              | CASING TEST AND CE                                 | MENT JOB              |                                   |                                |             |  |
|   |   |                                       | -  |                       |                                   |                                | - 🗀         |  |
| OTHER   |   | [ ]                                   |  |                       |                                   |                                |             |  |
|   | OVo (Classly, etc.)                     |                                       |  |                       |                                   |                                | <del></del> |  |
| Describe Proposed or Completed work) SEE RULE 1 (03.            | Operations (Cirarry star                | e all pertinent deta                  | itts, and give pertine                             | nt dates, including e | estimatea date of s               | itarting any prop              | osea        |  |
|   |   |                                       |  |                       |                                   |                                |             |  |
| Proposet  |   |                                       |  |                       |                                   |                                |             |  |
| Propose:  |   |                                       |  |                       |                                   |                                |             |  |
| 1   | Pull mode and b                         |                                       |  | -                     |                                   |                                |             |  |
|   | Pull rods and t<br>Set CIBP 10,180      |                                       |  | log:                  |                                   |                                |             |  |
| . 3   | Perf. selective                         | w/sx. cemei                           | runi 10 042 1                                      | 0 150 (tra16          |                                   |                                |             |  |
| 4   | Acidize and eva                         | h tost as n                           | 1 vai 10,043-1                                     | U,139. (WOLI          | camp)                             | 1                              |             |  |
| 7.  | Acidize and swa                         | b lest as in                          | ecessary to e                                      | stablish for          | mation Ilui                       | as.                            |             |  |
|   |   |                                       |  |                       |                                   |                                |             |  |
|   |   |                                       |  |                       |                                   |                                |             |  |
|   |   |                                       |  |                       |                                   |                                |             |  |
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|   |   |                                       |  |                       |                                   |                                |             |  |
|   |   |                                       |  |                       |                                   |                                |             |  |
|   | e j                                     |                                       |  |                       |                                   |                                |             |  |
| I hereby certify that the information                           | on above is true and com                | plete to the best o                   | my knowledge and b                                 | elief.                |                                   |                                |             |  |
| 77.77   | /                                       |                                       |  |                       |                                   |                                |             |  |
| 1/21/1  | وسين                                    |                                       | Agent  |                       | 7 06                              | . 05                           |             |  |
| NED VIV B   |   |                                       | ugent.   | <u> </u>              | DATE                              | <u>-83</u>                     |             |  |
| ORIGINAL CICHER   | EN JERRY SEXTON                         |                                       |  |                       | in h                              |                                |             |  |
| BISTRICTI   | SUPSEVISOR                              |                                       |  |                       | JUI                               | 3 1 198                        |             |  |
| ROVES BY  |   | TITLE                                 |  |                       | DATE                              | · ~ <u>~ 100</u>               |             |  |

NDITIONS OF APPROVAL, IF ANY:

JUL 30 198