

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-34547
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 CORBIN STATE
8. Well No. 1
9. Pool name or Wildcat E K DELAWARE (DELAWARE)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3903

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
2. Name of Operator ARCO Permian
3. Address of Operator P.O. Box 1610 Midland, TX 79702
4. Well Location Unit Letter F : 1980 Feet From The NORTH Line and 2310 Feet From The WEST Line Section 24 Township 18S Range 33E NMPM EDDY County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3903

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 CASING ☐

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.

4/25/00 SPUD AND DRILLED 11" HOLE TO 40'.

4/26/00 SET 8-5/8" 24# J-55 CSG @427 W/195 SX CLASS C CMT. 42 SX CIRC TO SURFACE. WOC 18 HRS.

5/6/00 SET 5-1/2 15.5 J-55 CSG @5496 W/1150 SX CLASS C CMT. CIRC. 110 SX TO SURFACE. WOC 24 HRS.

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

SIGNATURE Laurie Cherry TITLE REGULATORY COMPLIANCE DATE 6/1/00
TYPE OR PRINT NAME LAURIE CHERRY TELEPHONE NO 915-688-5532

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: