

Submit 3 Copies
to Appropriate
District Office

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2008

WELL API NO. 30-025-02166
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-1447
7. Lease Name or Unit Agreement Name State Vacuum Unit
8. Well No. 8
9. Pool Name or Wildcat Vacuum Grbg SA

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR 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 OIL and GAS COMPANY	8. Well No. 8
3. Address of Operator P.O. Box 1610, Midland, Texas 79702	9. Pool Name or Wildcat Vacuum Grbg SA	
4. Well Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet from The <u>West</u> Line Section <u>32</u> Township <u>17S</u> Range <u>34E</u> NMPM <u>Lea</u> County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4066 GR	

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) Acid job ☒

12. Describe Proposed or completed Operations (Clearly state all pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

4/24/91 MIRU. POH w/CA
4/25/91 A w/3000 gals 15% NEFE f/4500-4718, SA-Grybg
4/26/91 GIH w/tubing & rods. Set at 4712.
5/15/91 In 24 hrs pumped 6 BO, 30 BW, 6 MCF.

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

SIGNATURE Ken W. Gosnell TITLE Regulatory Coordinator DATE 6-7-91

TYPE OR PRINT NAME Ken W. Gosnell TELEPHONE (915) 688-5672

(This space for State Use)

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

JUN 12 1991