

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 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 87504-2088

WELL API NO.
30-025-21352

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-1578

7. Lease Name or Unit Agreement Name
STATE "B" 1578

8. Well No.
3

9. Pool name or Wildcat
VACUUM ABO

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 ☒ GAS WELL ☐ OTHER

2. Name of Operator
ARCO Oil and Gas Company

3. Address of Operator
P.O. Box 1710, Hobbs, New Mexico 88240

4. Well Location
Unit Letter F : 1980 Feet From The NORTH Line and 1800 Feet From The WEST Line

Section 30

Township 17 S

Range 35 E

NMPM LEA

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3991' 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: ABANDON VACUUM ABO ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

TD 10200, PBD 9542, PERFS 8467 - 9244, DHC-109

SET CIBP INSIDE 7" LINER ABOUT 8400' AND DUMP 35' CMT ON TOP OF CIBP,
PRESSURE TEST PLUG, AND RUN COMPLETION ASSEMBLY.

WE WILL CONTINUE TO PRODUCE THE VACUUM GLORIETA.

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

SIGNATURE James Cogburn TITLE OPER COORD DATE 11/12/93

TYPE OR PRINT NAME JAMES COGBURN

TELEPHONE NO. 391-1600

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE NOV 15 1993

CONDITIONS OF APPROVAL, IF ANY: