

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-75

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease

State ☒ Fee ☐

5. State Oil & Gas Lease No.
B-1506

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator ARCO Oil and Gas Company	8. Farm or Lease Name Shoe Bar 23 State Com
3. Address of Operator P.O. Box 1610, Midland, Texas 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>E</u> <u>660</u> FEET FROM THE <u>West</u> LINE AND <u>1980</u> FEET FROM THE <u>North</u> LINE, SECTION <u>23</u> TOWNSHIP <u>17S</u> RANGE <u>35E</u> NMPM.	10. Field and Pool, or Wildcat Shoe Bar State South <u>ATOKA</u>
15. Elevation (Show whether DF, RT, GR, etc.) 3929.7 GR	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER Spud, Surf Csg & Cmt ☒

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

17. 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.

Spud 17-1/2" hole 8:30 am 3-8-87. TD'd @ 512'. Run 13 jts 13-3/8" 54.5# J-55 STC
csg. Cmt'd @ 511' w/820 sx "H". Circ cmt to surf. WOC. Press test to 1000#. Drill ahead.

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

SIGNED Ken W. Gosnell

915-688-5672
TITLE Engr. Tech.

DATE 3-11-87

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT 1 SUPERVISOR

TITLE

DATE MAR 16 1987

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
MAR 13 1987
OCD
HCRBS OFFICE