

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.
30-025-32516

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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 Permian

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

7. Lease Name or Unit Agreement Name
STATE "B" 1576

8. Well No.
10

9. Pool name or Wildcat
VACUUM DRINKARD

4. Well Location
Unit Letter N : 402' Feet From The SOUTH Line and 1905' Feet From The WEST Line

Section 32

Township 17S

Range 35E

NMPM LEA

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3961' 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: SAND FRACTURE DRINKARD FORMATION ☒

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: 8150' PB: 8058' PERF: 7671'-8034'
8-9-94 SAND FRACTURE VACUUM DRINKARD FORMATION
W/ 4000# 100 MESH AND 120,000# 12/20 SAND
AND 980 BBLs OF FLUID.
AIR: 27 BPM, AJP: 5000 PSI, ISIP: 0

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

SIGNATURE Bob Manthei TITLE OPERATIONS COORDINATOR DATE 9-12-94

TYPE OR PRINT NAME BOB MANTHEI

TELEPHONE NO. 391-1602

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE SEP 15 1994

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 13 1994

NEW YORK
OFFICE