

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. 30-025-05810	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name JAMES H. WILLIAMS	
8. Well No. 2	
9. Pool name or Wildcat EUNICE MONUMENT GRBG/SA	

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 OIL AND GAS COMPANY	
3. Address of Operator P. O. BOX 1710, HOBBS, NEW MEXICO 88240	
4. Well Location Unit Letter 0 : 330 Feet From The SOUTH Line and 2310 Feet From The EAST Line Section 33 Township 19S Range 37E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3568' 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: ☐

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.

TA & HOLD WELL BORE FOR SECONDARY RECOVERY

1. NOTIFY NMOCD 24 hrs PRIOR TO TESTING CIBP
2. MIRU
3. INSTALL BOP & GIH TO TAG PBTB
4. POH w/TBG, TOH
5. GIH w/TBG OR WL SET CIBP
6. SET CIBP MAXIMUM 50' ABOVE EXISTING PERFS
7. POH w/1 JT & CIRC A MIX OF 2 GAL WT675 CHEM PER 10 BBLs 8.6# BRINE
8. WHEN CIRC IS ESTABLISHED w/TREATED FLUID AT SURFACE, TEST CIBP TO 500# AND CUT CHART
9. POH, LAYING DOWN - LEAVE 1 JT HANGING ON BI BONNETT

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

SIGNATURE James D. Cogburn TITLE Administrative Supervisor DATE 4/12/91
TYPE OR PRINT NAME James D. Cogburn TELEPHONE NO. 392-1600

(This space for State Use) ORIGINAL SIGNED BY JERRY DEATON
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APR 15 1991