State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

DISTRICT

OIL CONSERVATION DIVISION

WELL API NO.	٠.		
30-025-05979			
5. Indicate Type of Lease STA	TE 🗌	FEE	X

P.O. Box 1980, Hobbs,	O. Box 1980, Hobbs, NM \$8240 P.O. Box 2088		WELL API NO.	WELL API NO. 30-025-05979 5. Indicate Type of Lease		
DISTRICT II P.O. Drawer DD, Arlesia, NM \$8210 DISTRICT III		Santa Fe, New Mexico 87504-2088				
					J. Indicate Type	STATE FEE 2
1000 Rio Brazos Rd., A.	ziec, NM 87410				6. State Oil & G	ies Lesse No.
S	UNDRY NOTIC	CES AND REP	ORTS ON W	ELLS		
		POSALS TO DRIL		N OR PLUG BACK TO	A 7. Lease Name of	r Unit Agreement Name
		101) FOR SUCH P		E. WW.		
1. Type of Well: Oil. Will. X	METT [OTHER		BEDTU A	I DADDED
2. Name of Operator				·	8. Well No.	J. BARBER
ARCO OIL AN 3. Address of Operator		ANY	·		14	The Property of the Property o
BOX 1710, H		MEXICO 882	41-1710		9. Pool name or MONUMEN'	T BLINEBRY
4. Well Location					11011011111	
Unit Letter	H:_165	O_ Feet From The	NORTH	Line and	660 Feet From	EAST Li
Section	7	Township	20S	tange 37E	NMPM	LEA County
		10. Eleva	ition (Show whethe 3554	TDF, RKB, RT, GR, etc.)		
//////////////////////////////////////	Check A	ppropriate Bo		Nature of Notice	Report or Othe	<u> </u>
		ENTION TO:			UBSEQUENT F	
PERFORM REMEDIAL	WORK	PLUG AND A	BANDON	REMEDIAL WORK		ALTERING CASING
		CHANGE PLA				
TEMPORARILY ABAND		ONNIGE PLA	[]	COMMENCE DRILL		PLUG AND ABANDONMENT
PULL OR ALTER CASI	NG []			CASING TEST AND	CEMENT JOB []	-
OTHER:			<u> </u>	OTHER:		
12. Describe Proposed or work) SEE RULE 11	Completed Operation 103.	ons (Clearly state all	pertinent details, e	und give pertinent dates, i	ncluding estimated date of	f starting any proposed
TD 5690'; P	BTD 5685';	PERFS: 56	22-5684';	SET CIBP @ 566	69' TO SHUT O	FF WATER
01/28/92	MIRU DDPU I	POH w/ROD &	PUMP. PI	CK UP ON TBG,	TBG PARTED.	
01/29/92	NU BOP POH	w/30 JTS T	BG RIH w/O	VERSHOT. POH	w/54 JTS OF T	TBG.
		SCRAPPER 'POH w/TBG		@ 5681'. POF	H w/BIT & SCRA	APPER RIH w/CIBP
	RIH w/TBG 8	ANCHOR.	SET ANCHOR	. FLANGE UP W	WELL HEAD. RI	IH w/PUMP & RODS.
PRIOR TEST AFTER TEST					٠	
_	-					
I hereby certify that the info	rmation above is true as	ad complete to the best	of my knowledge and	I belief.	· · · · · · · · · · · · · · · · · · ·	
SECHATURE Serve	Leh	·			Coordinator	DATE 03/16/92
			11			
	ames D. Coo		11			
	ames D. Cog	gburn				TELEPHONE NO. 391-1600
(This space for State Use)	orig. Si Paul i	gburn gned by Kan'				

CONDITIONS OF APPROVAL, IF ANY: