

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.                         | 30-025-05981   |
| 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 |  |
| BARBER GAS COM.                      |  |
| 8. Well No.                          | 3  |
| 9. Pool name or Wildcat              | EUMONT YATES 7 R QUEEN   |

|   |  |
|---|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A<br>DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"<br>(FORM C-101) FOR SUCH PROPOSALS.)    |  |
| 1. Type of Well:<br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER  |  |
| 2. Name of Operator<br>ARCO OIL & GAS COMPANY   |  |
| 3. Address of Operator<br>P. O. BOX 1710 HOBBS, NEW MEXICO 88240  |  |
| 4. Well Location<br>Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>NORTH</u> Line and <u>330</u> Feet From The <u>EAST</u> Line<br>Section <u>7</u> Township <u>20 S</u> Range <u>37 E</u> NMPM LEA County |  |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3554 GR   |  |

|   |   |
|---|---|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |   |
| NOTICE OF INTENTION TO:   | SUBSEQUENT REPORT OF:                     |
| PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>                     | PLUG AND ABANDON <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | CHANGE PLANS <input type="checkbox"/>     |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | OTHER: <input type="checkbox"/>           |
| OTHER: <input type="checkbox"/>   |   |

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 5250, PBD 3535, PERFS 2954-3389

PROPOSE TO SET CIBP ABOUT 2950, PERFORATE EUMONT QUEEN INTERVAL 2330-2950,  
AND STIMULATE.

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

SIGNATURE James D. Cogburn TITLE OPERATIONS COORDINATOR DATE 03/16/93  
TYPE OR PRINT NAME JAMES D. COGBURN TELEPHONE NO. (505) 391-1621

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAR 16 1993  
CONDITIONS OF APPROVAL, IF ANY: