

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
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-06012
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No. 014896

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.)		Lease Name or Unit Agreement Name BERTIE WHITMIRE
Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	Name of Operator ARCH PETROLEUM, INCORPORATED	Well No. 2
Address of Operator 10 DESTA DRIVE, 420E MIDLAND, TX. 79705	Pool name or Wildcat EUMONT GAS	
Well Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>E</u> Line 8 Section 20S Township 37E Range NMPM LEA County		
Elevation (Show whether DF, RKB, RT, GR, etc.) 3566 GR		

11

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	
OTHER: _____	

Per Day w/Arch

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ANBANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____	

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.

MIRU WIRELINE Co. SET CIBP @ 3275'. DMP 2 SX CMT ON CIBP. PRESSURE TEST TO 500# & HOLD FOR 30 MINUTES (RECORD PRESSURE CHART FOR OCD). RD MO.

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

SIGNATURE Merrick S. Vanderslice TITLE VP OPERATIONS DATE 07-31-97
TYPE OR PRINT NAME MERRICK VANDERSLICE TELEPHONE NO. (915) 658-1961

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS.
DISTRICT I SUPERVISOR.

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 06 1997