State of New Mexico Form C-103 Energy, Ferals and Natural Resources Department Revised 1-1-89 mit 3 Copies to Appropriate WELL API NO. District Office OIL CONSERVATION DIVISION 30-025-06026 DISTRICT I P.O Box 2088 P.O. Box 1980, Hobbs, NM 88240 5. Indicate Type of Lease Santa Fe, New Mexico 87504-2008 FEE X STATE P.O. Drawer DD, Artesia, NM 88210 6. State Oil & Gas Lease No. DISTRICT III 1000 Rio Brazos Rd., Aztec, NM \$7410 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS) Bertha J. Barber 1. Type of Well: OII. WELL other WELL 2. Name of Operator Well No. 13Y ARCO OIL and GAS COMPANY 3. Adress of Operator Pool Name or Wildcat Monument Paddock P.O. Box 1610, Midland, Texas 79702 4. Well Locastion Unit Letter E : 1980 Feet From The North Line and 660 Feet from The West Section 8 Township 20S Range 37E NMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** PLUG AND ABANDONMENT **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. **PULL OR ALTER CASING CASING TEST AND CEMENT JOB** (Other) (Other) 12. Describe Proposed or completed Operation Clearly state all pertinent dates, including estimated date of starting any proposed work) SBE RULE 1103. Propose to P&A as follows: Plug Cmt Remarks Interval 4969-5004 CIBP w/35' cmt. 1 6 sx 2 2850-2950 16 sx Perf at 1100. CR at 940. Circ cmt out $7 \times 9-5$ /8 and 9-5/8 x 13-3/8 w/35' cmt on CR. 3 905-1100 650 sx 0-60 10 sx

load hole nef 10 lb brine u/24 lb gel/barrelo

14 hereby certify that the information above is true and c	nplete to the best of my knowledge and belief	· · · · · · · · · · · · · · · · · · ·
SIGNATURE Ken W Losnell	TITLE Regulatory Coordinator DATE	12-5-91
TYPE OR PRINT NAME Ken W. Gosnell	TELEPHONE	(915) 688-5672
(This space for State Use) Signed by,		

TITLE

DATE

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APPROVED BY

CONDITIONS FOR APPROVAL, IF ANY: