

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. 30-025-20686
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No. 014896
Lease Name or Unit Agreement Name BERTIE WHITMIRE
Well No. 9
Pool name or Wildcat EUMONT

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator ARCH PETROLEUM INC.	
Address of Operator 10 DESTA DRIVE SUITE 420E	
Well Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>N</u> Line and <u>330</u> Feet From The <u>E</u> Line <u>8</u> Section <u>20S</u> Township <u>37E</u> Range <u>NMPM</u> <u>LEA</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3549 GR	

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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 ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

¹²Describe 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 PU. NDWH NU BOP. DMP 5 SX CMT ON CIBP @ 3471. SET CIBP @ 3150' CAPPED W/ 35' CMT. SET 25 SX CMT PLUG @ 2450, 1400, & 350'. SET 10 SX CMT PLUG @ SURFACE (DISPLACE BETWEEN PLUGS W/ 10# BRINE/ 25# GEL PER BBL MUD). ND BOP & RD PU.

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

SIGNATURE [Signature] TITLE SUMMER ENGINEER DATE 07-01-97

TYPE OR PRINT NAME DOUG PARKHURST TELEPHONE NO. 915-685-1961

(This space for State Use)

APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE

CONDITIONS OF APPROVAL, IF ANY: