

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. 30-025-23632 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

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.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name  J.R. PHILLIPS A
2. Name of Operator ARCO OIL AND GAS COMPANY	8. Well No. 9
3. Address of Operator P.O. 1710 HOBBS N.M. 88240	9. Pool name or Wildcat EUMONT YATES 7RQ
4. Well Location Unit Letter M : 880 Feet From The SOUTH Line and 660 Feet From The WEST Line Section 31 Township 19S Range 37E NMPM LEA County	

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3586 DF

11. 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 ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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 9650, PBD 3640

PERFORATED EUMONT 2940-3445 W/36 .41" SHOTS. A/W 3600 GAL 7 1/2% HEL, FRAC  
W/289220# 12/20 SAND, AND 155 TONS OF CO2. WELL TEST @ 100% WATER.

PROPOSE TO SET CIBP @ 2930, PERF EUMONT INTERVAL 2409-2930, AND STIMULATE

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

SIGNATURE James Cogburn TITLE Operation Coordinator DATE 5-26-93  
TYPE OR PRINT NAME James Cogburn TELEPHONE NO. 391-1621

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONAL OF APPROVAL, IF ANY:

MAY 28 1993

**RECEIVED**

**MAY 27 1993**

**OCD HOBBS OFFICE**