

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 ☐ GAS WELL ☒ OTHER

2. Name of Operator
ARCO OIL & GAS COMPANY

3. Address of Operator
P.O. BOX 1710 HOBBS N.M. 88241

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

7. Lease Name or Unit Agreement Name J R PHILLIPS A
8. Well No. 9
9. Pool name or Wildcat MONUMENT McKEE

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: CONTINUED REPORT OF ABANDON <input checked="" type="checkbox"/>
	MONUMENT MCKEE ZONE

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.

3-24-93 SHOT 41" SQUEEZE HOLE @ 2710, CIRCULATE 600 SX CLASS C CEMENT FROM 2710' TO SURFACE
SET FIRST CIBP @ 6500' & DUMP 35' CLASS C CMT, LOAD AND TEST CSG TO 500# FOR 30 MIN.
SET SECOND CIBP @ 3640 W/35' CMT, TEST CSG TO 500# FOR 30 MIN, CHART ATTACHED
PREPAIR TO RECOMPLETE TO EUMONT

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE [Signature] TITLE Operation Coordinator DATE 5-6-93
TYPE OR PRINT NAME [Name] TELEPHONE NO. 391-1621

(This space for State Use)
APPROVED BY [Signature] TITLE [Title] DATE MAY 11 1993
CONDITIONS OF APPROVAL, IF ANY:

3A Monument McKee