

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 88241-1980

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

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|---|
| WELL API NO. 30-025-24799 |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name J.R.PHILLIPS "B" |
| 8. Well No. 6 |
| 9. Pool name or Wildcat EUMONT YATES SRQ GAS |

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|---|--|
| 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 | |
| 2. Name of Operator ARCO Permian | |
| 3. Address of Operator P.O.Box 1089, Eunice, NM 88231 | |
| 4. Well Location Unit Letter C : 990 Feet From The N Line and 1650 Feet From The W Line Section 31 Township 19S Range 37E NMPM LEA County | |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3605.3' GR | |

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: 4000' PBD: 3784' PERFS: 3258-3600'

03/10/97: ADDED EUMONT PERFS 3258-3330'. .40 HOLE SIZE, 6 SHOTS. ACIDIZED W/ 3100 GALS 15% HCL AND CO2 FORAM. FRAC W/200,780# 12/20 SAND AND 144 TONS CO2. RAN 2-3/8" TBG TO 3608'. IN 24 HOURS PRODUCED 0 BO, 0 BW, 361 MCF, 48/64" CHOKE, 60# TBG PRESS, 60# CSG PRESS.

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

SIGNATURE Kellie D. Murrish TITLE Administrative Assistant DATE 07/07/97
TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505-394-1649

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: