

Submit 3 Copies
to Appropriate
District Office

Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2008

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

WELL API NO.

30-025-31581

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(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)

1. Type of Well:

OIL

WELL ☒

GAS

WELL ☐

other

2. Name of Operator

ARCO OIL and GAS COMPANY

Address of Operator

P.O. Box 1610, Midland, Texas 79702

Well Location

7. Lease Name or Unit Agreement Name

McNiell

8. Well No.

1

9. Pool Name or Wildcat *W. 1/4 Sec 10*

Nadine West Abo

Unit Letter K : 1980 Feet From The South Line and 1980 Feet from The West Line

Section 33

Township 19S

Range 38E

NMPM Lea

County

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

3588 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 Operation (Clearly state all pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Spud 12-1/4 hole 5-4-92. TD at 512'. Ran 8-5/8 24 # csg to 512 and cmtd w/100 sx 35/65 POZ "C" w/6% gel + 2% cc followed by 185 sx C w/2% cc + 1/4# FC. Circ 35 sx to surf. WOC 8 hrs. COC. NU BOP. DO cmt and FC. Press test csg to 1000# for 30 min. Cmt in place 18 hrs prior to test. DA w/7-7/8 bit.

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

SIGNATURE

Ken W. Gosnell

TITLE

Regulatory Coordinator

DATE

5-7-92

TYPE OR PRINT NAME

Ken W. Gosnell

TELEPHONE

(915) 688-5672

(This space for State Use)

APPROVED BY

TITLE

DATE

MAY 12 '92

CONDITIONS FOR APPROVAL, IF ANY:

RECEIVED
MAY 11 1992
CD MORRIS 100