

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.
30-025-33251

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 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 Permian

3. Address of Operator
P.O. Box 1710, Hobbs, New Mexico 88240

7. Lease Name or Unit Agreement Name
J.R. PHILLIPS A

8. Well No.
10

9. Pool name or Wildcat
EUMONT YATES SRQ GAS

4. Well Location
Unit Letter **N**: **660** Feet From The **S** Line and **1980** Feet From The **W** Line

Section **31** Township **19S** Range **37E** NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3567' 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: **NW COMPLETION** ☒

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: 3600 PBD: 3556' PERFS: 3156-3480'

02/02/96: PERF EUMONT INTERVAL 3156-3480, 36 SHOTS, .40 HOLE. STIMULATED W/3600 GALS 15%
HCL. FRAC W/246,400# 12/20 BRADY, 50,000# 12/20 RESIN & 202 TONS CO2

02/28/96: IN 24 HRS PMPD 0 BO, 100 BW, 544 MCF.

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 03/06/96

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505-391-16

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

MAR 08 1996

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:



33 44 55