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## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

FLB 15 1295

**Revised 1-1-89** District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88240 P.O. Box 2088 30-025-33251 DISTRICT II Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE 🗌 FEE X DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) J.R.PHILLIPS A 1. Type of Well: OIL WELL WELL X OTHER 8. Well No. 2. Name of Operator 10 **ARCO PERMIAN** 9. Pool name or Wildcat 3. Address of Operator **EUMONT YATES/SR/QUEEN** P.O.BOX 1610, MIDLAND, TX, 79702 4. Well Location Line and 1980 Feet From The SOUTH Feet From The WEST 660 Unit Letter N Line Township 19S Range 37E N
//// 10. Elevation (Show whether DF, RKB, RT, GR, etc.) LEA County Section 31 3567 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** PERFORM REMEDIAL WORK PLUG AND ABANDONMENT **CHANGE PLANS** COMMENCE DRILLING OPNS. TEMPORARILY ABANDON CASING TEST AND CEMENT JOB PULL OR ALTER CASING OTHER: , 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. SPUD 12 1/4 HOLE ON 01-25-96. TD'D AT 415. RIH W/8 5/8 24# CSG TO 415. CMT'D W/350 SX C W/2% CC + 1/4# CS(YLD 1.32).CIRC CMT TO SURF. WOC 11 1/2 HRS. EST COMP STRENGTH 1500#. PRESS TEST CSG TO 1000# FOR 30 MIN. DA W/7 7/8 BIT. TD'D 7 7/8 HOLE AT 3600, 01-31-96. RIH W/5 1/2 15.5# CSG TO 3600. CMT'D W/600 SX C POZ W/6% D20 + 1/4# CS(YLD 1.92) FOLLOWED BY 250 SX C W/1/4# CS(YLD 1.32). CIRC CMT TO SURF. RR 01-31-96. I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE 02-09-96 TELEPHONE NO.915 688-5672 TYPE OR PRINT NAME KEN W. GOSNEL ORIGINAL SIGNED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

GARY WINK FIELD REP. II

(This space for State Use)

APPROVED BY