

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-025-34163

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 1610 Midland, TX 79702

7. Lease Name or Unit Agreement Name
J. H. WILLIAMS

8. Well No.
2

9. Pool name or Wildcat
SKAGGS (DRINKARD) & MONUMENT (TUBB)

4. Well Location
Unit Letter P: 470 Feet From The SOUTH Line and 990 Feet From The EAST Line

Section 34 Township 19S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3569' 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: MULTIPLE COMPLETION ☒

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.

RECOMPLETE WELL TO MULTIPLE COMPLETION MONUMENT (TUBB) AND SKAGGS (DRINKARD).

PREVIOUSLY COMPLETED WELL TO SKAGGS (DRINKARD) WITH PERFS @ 6822-6895.

PLUGBACK W/PKR @ 6750' AND PERF TUBB 6418-21', 6479-82', 6508-31',
6595-99', 6607-10', 6614-17' (2 SPF).

FLOW TUBB UP CASING AND DRINKARD UP TUBING.

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

SIGNATURE

Laurie Cherry

TITLE REGULATORY COMPLIANCE

DATE 4/27/98

TYPE OR PRINT NAME Laurie Cherry

TELEPHONE NO. 915-688-5532

(This space for State Use)
ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

JUL 29 1998

APPROVED BY

TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: