

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 <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name J. H. WILLIAMS
8. Well No. 2
9. Pool name or Wildcat SKAGGS (DRINKARD) & MONUMENT (TUBB)

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator ARCO Permian	
3. Address of Operator P.O. Box 1610 Midland, TX 79702	
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: ☐

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.

11/8/97 RUN 7" 23# J-55 CSG. CEMENT 1ST STAGE W/100 SX "C". OPEN DV TOOL CEMENT 2ND STAGE W/150 SX "H", 400 SX "C". NO RETURNS. WOC 15 HRS. RAN TEMP SURVEY TOC @2862'. NOTIFIED CHRIS WILLIAMS @ NMOC. VERBAL OK TO CONTINUE DRILLING OPERATIONS.

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

SIGNATURE _____ TITLE **REGULATORY COMPLIANCE** DATE **11/11/97**
TYPE OR PRINT NAME **LAURIE CHERRY** TELEPHONE NO. **915-688-5532**

(This space for State Use)

ORIGINAL SIGNED BY **CHRIS WILLIAMS**
DISTRICT I SUPERVISOR

11/21/97

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