

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. 30-025-08844 ✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name STATE 157 "A"
8. Well No. 1
9. Pool name or Wildcat EUNICE 7 RQ SOUTH
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3550 GR

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 OIL & GAS COMPANY	3. Address of Operator P. O. BOX 1710 HOBBS, NEW MEXICO 88240
4. Well Location Unit Letter 0 : 660 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 9 Township 22 S Range 36 E NMPM LEA County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3550 GR		

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: ABANDON EUNICE 7 RQ SOUTH <input checked="" type="checkbox"/>

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 4000, PBD 3713, PERFS 3638-3711

01/13/93 SET RBP @ 3630, LOAD CSG AND TEST TO 500 #'s FOR 30 MINUTES.

ZONE TA 01/13/93 CHART ATTACHED

- - PREPARE TO RECOMPLETE IN JALMAT -

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

SIGNATURE [Signature] TITLE Operations Coordinator DATE 02/24/93
TYPE OR PRINT NAME JAMES COGBURN TELEPHONE NO. 391-1621

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON

FEB 25 1993

DISTRICT I SUPERVISOR

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

3A Eunice 88240 88240

