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 Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88240 P.O. Box 2088 30-025-008851 DISTRICT II Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE 🗌 DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 B 1506 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.) STATE 157 A 1. Type of Well: GAS WELL wiцΣ OTHER 8. Well No. 2. Name of Operator ARCO Permian 9. Pool name or Wildcat Address of Operator JALMAT TANSIL YATES SRQ GAS P.O. Box 1710, Hobbs, New Mexico 88240 Well Location Feet From The EAST Line and 660 SOUTH 660 Feet From The Line Unit Letter Township 22S Range 36E NMPM LEA Section 9 County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3540 GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS. PLUG AND ABANDONMEN TEMPORARILY ABANDON **CHANGE PLANS** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: ABANDON EUNICE SOUTH 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. TD:3850' PB:3845' PERF:3656'-3782'(Eunice South) PERF: 3203-3586' (Jalmat) 10/17/94: Squeezed 2210'-3200' w/200 sx 2% KC Class C Cmt. Set CIBP @ 3650' to abandon Eunice South perfs 3656-3782. Press tested for 30" @ 620". See attached chart. 10/18/94: Perf 3203-3586' w/31 shots, .4 hole size. Stim w/3100 gals 7-1/2% NEFE acid, frac w/156 tons CO2 196,260# 12/20 sand, tailed in w/44,440# 12/20 resin. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Administrative Assistant DATE 12/06/94 TELEPHONE NO. 391-1649 TYPE OR PRINT NAME Kellie D. Murrish (This space for State Use)

TITLE

>A Funde Shasouther

DEC 08 1994

APPROVED BY

ORIGINAL SECOND BY JERRY SEXTON

LIGHTON I SUFERVISOR

