

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.  
30-025-08852

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
B-1506

7. Lease Name or Unit Agreement Name  
STATE 157 "A"

8. Well No.  
4

9. Pool name or Wildcat  
JALMAT TANSILL YATES S RVS

**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 Oil and Gas Company

3. Address of Operator  
P.O. Box 1710, Hobbs, New Mexico 88240

4. Well Location  
Unit Letter I : 1980 Feet From The SOUTH Line and 660 Feet From The EAST Line  
Section 9 Township 22S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3552' 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.

TD 3850, PBD 3665, PERFS 3021 TO 3585

ADD PERFS 3021 TO 3585, 23 .40" SHOTS, ACIDIZE w/3500 GAL HCL, FRAC w/235420# 12/20 SAND  
AND 133 TONS CO2, RAN CA w/SN @ 3577

TEST 10/19/93 IN 24 HRS. FLOWED 0 BO, 0 BW, 225 MCF

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

SIGNATURE

TITLE OPERATION COORDINATOR

DATE

10/22/93

TYPE OR PRINT NAME JAMES COGBURN

TELEPHONE NO. 391-1621

(This space for State Use) **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**

OCT 26 1993

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: