

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.  
30-025-08864

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 1710, Hobbs, New Mexico 88240

7. Lease Name or Unit Agreement Name  
D.D. HARRINGTON WN

8. Well No.  
1

9. Pool name or Wildcat  
JALMAT TANSIL YATES SRQ

4. Well Location  
Unit Letter D : 990 Feet From The NORTH Line and 990 Feet From The WEST Line  
Section 10 Township 22S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3555' 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: 3447' PBD: 3447' PERFS: 3103 TO 3447' (OH)

09/07/94

STIMULATE W/1000 GALS "DAD" ACID, FRAC W/157 TONS CO<sub>2</sub> & 198,040 LBS 12/20 SAND W/44,340 LBS

12/20 RESIN

RIH W/PERFORATED LINER 391'. TOP OF LINER 3043', BOTTOM @ 3434'

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

SIGNATURE

*Kellie D. Murrish*

TITLE Records Clerk II

DATE 10/25/94

TYPE OR PRINT NAME Kellie D. Murrish

TELEPHONE NO. 391-1649

(This space for State Use)

ORIGINAL FILED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

**OCT 27 1994**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

OCT 20 1994

LIBRARY  
10000