

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.
30-025-00866

5. Indicate Type of Lease

STATE ☐

FED ☒

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

4. Well Location

Unit Letter C

660

Feet From The N

Line and 1980

Feet From The W

Line

Section 10

Township 22S

Range 36E

N.M.P.M. LEA

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3568' GL

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☒

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

FULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

OTHER: ABANDON EUNICE SOUTH, REC. JALMAT GAS ☒

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: 3813' PBD: 3720' (JALMAT), PERFS: 3774-3794' (EUNICE SOUTH)
PERFS: 3201-3641' (JALMAT)

04/18/96: SET CIBP @ 3720' W/35' CLASS C CMT. PRESS TEST CHART ATTACHED.

05/14/96: PERF JALMAT INTERVAL 3201-3641. 32 SHOTS, .40 HOLE SIDE. STIMULATED PERFS W/3200
GALS 15% HCL, 186,700# 12/20 BRADY SAND, 44,000# 12/20 RESIN COATED, 147 TONS CO2.

H-44
CF-HOBBS
CF-MIDLAND
MURRISH
MANTHEL

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

SIGNATURE *Kellie D. Murrish*

TITLE ADMINISTRATIVE ASSISTANT

DATE 06/03/96

TYPE OR PRINT NAME KELLIE D. MURRISH

TELEPHONE NO. 391-1649

(This space for State Use)

ORIGINAL SIGNED BY COPY SECTION
DISTRICT I SUB-LEASOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: