

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-08868
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name HS RECORD WN
8. Well No. 1
9. Pool name or Wildcat JALMAT-YATES GAS

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator ARCO Permian
3. Address of Operator P.O. Box 1710, Hobbs, New Mexico 88240
4. Well Location Unit Letter <u>P</u> : <u>1990</u> Feet From The <u>SOUTH</u> Line and <u>990</u> Feet From The <u>EAST</u> Line Section <u>10</u> Township <u>22S</u> Range <u>36E</u> NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3553 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: FRACTURE STIMULATE ☒

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:3495' PB:3495' PREF LINER : 3174'-3495'
FRACTURE STIMULATE JALMAT INTERVAL

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

SIGNATURE Bob Manthei TITLE OPERATIONS COORDINATOR DATE 6/15/94
TYPE OR PRINT NAME BOB MANTHEI TELEPHONE NO. 391-1602

(This space for State Use)

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

JUN 21 1994