

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. 30-025-08870
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 H.S. RECORD WN
8. Well No. 3
9. Pool name or Wildcat EUNICE 7RQ SOUTH
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3540.5 GR

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator ARCO OIL AND GAS COMPANY	3. Address of Operator P.O. 1710 HOBBS N.M. 88240	4. Well Location Unit Letter L : 1980 Feet From The SOUTH Line and 660 Feet From The WEST Section 10 Township 22S Range 36E NMMPM LEA County
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: ABANDON EUNICE 7 RQ SOUTH ☒

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 3804, PBD 3640

6-22-93 SET CIBP @ 3640, CSG WOULD NOT TEST.

6-24-93 REPLACE WELL HEAD SLIPS AND SEALS, TEST CSG TO 500# FOR 35 MIN, NO LEAKS.

CHART ATTACHED, ZONE ABANDON 6-24-93

TO BE RECOMPLETED IN JALMAT

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

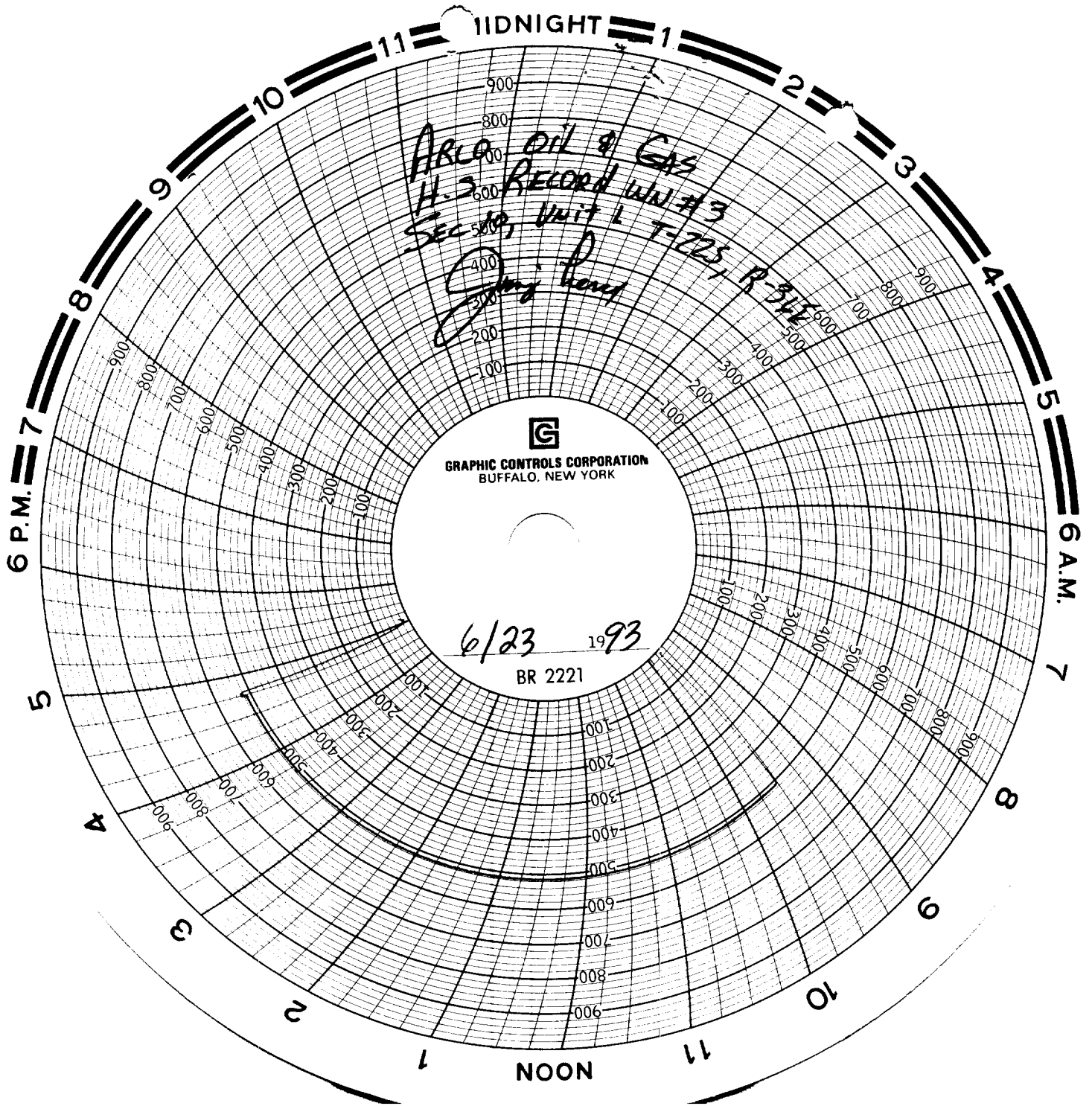
SIGNATURE Jerry Sexton TITLE OPERATION COORDINATOR DATE 8-10-93
TYPE OR PRINT NAME JAMES COGBURN TELEPHONE NO. 391-1621

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

AUG 12 1993

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

6/23 1993

BR 2221

CHAPARRA
~~Arrows~~ Lin #32