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## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

Revised 1-1-89 District Office DISTRICT I OIL CONSERVATION DIVISION WELL API NO P.O. Box 1980, Hobbs NM 88240 P.O. Box 2088 30-025-09015 DISTRICT II Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE 🗌 DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 A-2614 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" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) McDONALD WN STATE Type of Well: GAS WELL X WELL 🗌 OTHER 2. Name of Operator 8. Well No. **ARCO Oil and Gas Company** 21 3. Address of Operator 9. Pool name or Wildcat P.O. Box 1710, Hobbs, New Mexico 88240 JALMAT TAN YATES SEVEN RVS 4. Well Location Feet From The NORTH 330 Line and 330 Unit Letter A Feet From The EAST Line Section 24 Township 22S Range 36E NMPM LEA County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3476' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. 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 PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: \_ 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 3716, PBD 3291, PERFS 2720 TO 3290 ADD A TOTAL OF 16 PERFS 2816, 2817, 2822, 2823, 2849, 2850, 2873, 2892, 2901, 2911, 2921, 2922, 2934, 2935, 2950, & 2951. START FRAC PAD, PUMP 296 BBLS @ 2200 #, CSG PARTED @ 540'. RAN ALIGNMENT TOOL AND CEMENTED w/ 1220 SX C NEAT. TEST CSG TO 500 # ACIDIZE w/ 2800 GAL 7.5 % NEFE AND FRAC w/ 231480 # 12/20 SAND AND 145 TONS CO2. TEST 11/17/93 IN 24 HRS. FLOWED 0 BO, 0 BW, 68 MCF I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE OPERATION COORDINATOR TYPE OR PRINT NAME JAMES COGBURN TELEPHONE NO. 391-1621 (This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR