

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-025-23494

Indicate Type of Lease

STATE ☐

FEE ☐

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.)

Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

Lease Name or Unit Agreement Name

Mattern

Name of Operator

Arch Petroleum, Inc.

Well No.

1

Address of Operator

P. O. Box 10340, Midland, TX 79702-7340

Pool name or Wildcat
Paddock

Well Location

Unit Letter L : 1650 Feet From The South Line and 660 Feet From The West Line

Section 30

Township 21

Range 37

NMPM

Lea

County

Elevation (Show whether DF, RKB, RT, GR, etc.)

3516' 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 ANBANDONMENT ☐

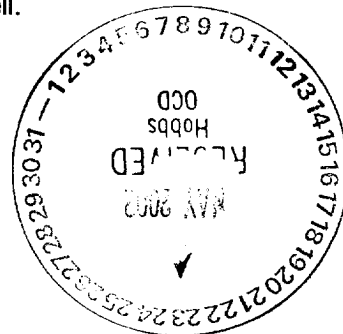
CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

Arch Petroleum Inc. request permission to TA the above captioned well.

1. Set CIBP \pm 5125' \leftarrow WITHIN 100' OF TOP PERF
2. Circ pkr fluid.
3. Test csg.
4. TA wellbore.



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

SIGNATURE Cathy Tomberlin

TITLE Sr. Operation Tech

DATE 05/21/02

TYPE OR PRINT NAME Cathy Tomberlin

(915)685-8100

TELEPHONE NO.

(This space for State Use)

APPROVED BY Gary W. Wink

ORIGINAL SIGNED BY
GARY W. WINK

DATE MAY 24 2002
OFFICIAL REPRESENTATIVE II/STAFF MANAGER

CONDITIONS OF APPROVAL, IF ANY:

Handwritten signature/initials