

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.  
30-025-24747

5. Indicate Type of Lease  
STATE ☒ FEE ☐

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 Oil and Gas Company

3. Address of Operator  
P.O. Box 1710, Hobbs, New Mexico 88240

7. Lease Name or Unit Agreement Name  
McDONALD WN STATE

8. Well No.  
27

9. Pool name or Wildcat  
JALMAT TAN YATES SEVEN RVS

4. Well Location  
Unit Letter O : 660 Feet From The SOUTH Line and 2310 Feet From The EAST Line  
Section 14 Township 22S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3497' 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 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 3700, PBD 3512, PERFS 3012 TO 3452

ADD A TOTAL OF 11 PERFS 3012, 3013, 3150, 3151, 3245, 3246, 3422, 3423, 3450, 3451, AND 3452.  
ACIDIZE w/ 3300 GAL 7 1/2 % NEFE, FRAC w/ 205160 # 12/20 SAND AND 133 TONS CO2.  
RAN CA w/ SN @ 3422.

TEST 11/17/93 IN 24 HRS. FLOWED 0 BO, 0 BW, 237 MCF

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

SIGNATURE  TITLE OPERATION COORDINATOR DATE 11/30/93

TYPE OR PRINT NAME JAMES COGBURN

TELEPHONE NO. 391-1621

(This space for State Use)

Orig. Signed by  
Paul Kautz  
Geologist

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE DEC 02 1993

CONDITIONS OF APPROVAL, IF ANY: