

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.<br>30-025-26689  |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>W.C. ROACH  |
| 8. Well No.<br>6  |
| 9. Pool name or Wildcat<br>EUMONT YATES SEVEN RVS QN  |

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:<br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | 2. Name of Operator<br>ARCO Oil and Gas Company | 3. Address of Operator<br>P.O. Box 1710, Hobbs, New Mexico 88240 | 4. Well Location<br>Unit Letter C: 660 Feet From The NORTH Line and 1980 Feet From The WEST Line<br>Section 21 Township 20S Range 37E NMPM LEA County | 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3509.7' 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 3658, PBD 3648, PERFS 3404 - 3546

SQUEEZE PERFS 2573 - 3339 w/ 400 SX CMT, TEST CSG, SQUEEZE CSG LEAK 2263 - 2703 w/ 200 SX CMT,  
REMOVE RBP @ 3390, ACIDIZE w/ 3500 GAL 15% HCL w/ CLAY STABILIZER, AND RUN CA w/ SN @ 3520.

RETURN TO PRODUCTION

TEST 10/19/93 IN 24 HRS FLOWED 0 BO, 3 BW, 681 MCF

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

SIGNATURE   
TYPE OR PRINT NAME JAMES COGBURN

TITLE OPERATION COORDINATOR DATE 10/22/93  
TELEPHONE NO. 391-1621

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

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE OCT 26 1993  
CONDITIONS OF APPROVAL, IF ANY: