

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.
30-025-27232

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
H.S. RECORD WN

8. Well No.
5

9. Pool name or Wildcat
EUNICE SEVEN RVS QN SOUTH

4. Well Location
Unit Letter N : 860 Feet From The SOUTH Line and 1980 Feet From The WEST Line
Section 10 Township 22 S Range 36 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3544 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: ABANDON EUNICE 7 RVS QN 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 3921, PBD 3880, PERFS 3690 - 3865

SET CIBP @ 3685 w/ 35' CMT ON PLUG, LOAD AND TEST CSG TO 600# FOR 30 MIN (CHART ATTACHED)
ZONE ABANDON 10/01/93

START RECOMPLETION TO JALMAT

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

SIGNATURE [Signature]
TYPE OR PRINT NAME JAMES COGBURN

TITLE OPERATION COORDINATOR DATE 11/29/93

TELEPHONE NO. 391-1600

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

DEC 01 1993

2A Eunice SR-DALS