

Submit 3 Copies To Appropriate District

Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Avenue, Artesia, NM 87210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-28877-00-00
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Tempo Energy, Inc.		6. State Oil & Gas Lease No. NM743
3. Address of Operator PO Box 1034 Midland, TX 79702		7. Lease Name or Unit Agreement Name: Arco State
4. Well Location Unit Letter I : _____ feet from the _____ line and _____ feet from the _____ line Section 3 Township 25S Range 35E NMPM Lea County NM		8. Well No.
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. Pool name or Wildcat JAL-MAT (v-sr)

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 ☐ MULTIPLE COMPLETION ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

\*1. Replace 210 tank that is leaking.

2. Add sepearte water tank

3. Add water k10

4. Set pumping unit to test well.

\* Item 1-3 to be completed within 15 days, item 4 should be done within 60 days.

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

SIGNATURE

TITLE President

DATE

Type or print name Jim Pannell

Telephone No. 915-689-2951

(This space for State use)

APPROVED BY

Conditions of approval, if any:

ORIGINAL SIGNED BY  
GARY W. WINK

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

SEP 03 2002

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