

Submit 3 Copies  
to Appropriate  
District Office

**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 87504-2008

WELL API NO.

30-025-30408

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 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 1610, Midland, Texas 79702

4. Well Location

Unit Letter A : 330 Feet From The North Line and 660 Feet from The East Line

Section 20

Township 22S

Range 36E

NMPM Lea

County

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

3539.2

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) Add perms to Strawn & stimulate ☒

12. Describe Proposed or completed Operations (Clearly state all pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

6-02-90. RUPU. POH w/CA. Acidize Strawn perms f/9420-9612, w/1500 gals. Set RBP at 9400. Perf Strawn f/9062-67, 9072-81, 9084-92, 9144-47, 9160-65, 9172-80, 9194-9200, 9354-60. With BJ Pft tool, treated perms 9354-60 w/56 bbls 2% KCL + 7 bbl acid & xylene. Treated perms 9144-9200 w/55 bbls 2% KCL + 28 bbls acid. Treated perms 9062-9092 w/55 bbls 2% KCL water + 36 bbls acid.

RIH w/Ret hd, pkr, SN & 289 jts 2 7/8 tbg. Set pkr at 8997.

6-09-90. RDPU. (RBP set at 9400).

6-12-90. In 24 hrs flowed 331 BO, 3 BW, 948 MCF on 16/64 ck, 930# FTP.

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

SIGNATURE Ken W. Gosnell

TITLE Regulatory Coordinator

DATE 6/13/90

TYPE OR PRINT NAME Ken W. Gosnell

TELEPHONE (915) 688-5672

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

DISTRICT 1 SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

JUN 18 1990

DATE

CONDITIONS FOR APPROVAL, IF ANY:

RECEIVED

JUN 15 1990

OCD  
HOBBS OFFICE