

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.
30-025-03454

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

B-1581

7. Lease Name or Unit Agreement Name

ENDURA DE STATE

8. Well No.

4

9. Pool name or Wildcat

EUMONT YATES SRQ GAS

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 Permian

3. Address of Operator

P.O. Box 1710, Hobbs, New Mexico 88240

4. Well Location

Unit Letter 1: 1980 Feet From The SOUTH Line and 660 Feet From The EAST Line

Section 12

Township 21S

Range 35E

NMPM LEA

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3591' 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 Operation (Early state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD: 3911' PBD: 3908' PERFS: 3358-3908', 3290-3688'

09/28/94

PERF 3290-3688', .40 HOLE SIZE, 18 SHOTS. STIMULATED W/4000 GALS 7-1/2% HCL, 185,080 LBS
12/20 AND 43,880 LBS 12/20 RESIN, 143 TONS CO2. SET RBP @ 3760' FOR FRAC. PULLED OUT RBP AND
RETURNED TO PRODUCTION.

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

SIGNATURE Kellie D. Murrish

TITLE Records Clerk II

DATE 10/25/94

TYPE OR PRINT NAME Kellie D. Murrish

TELEPHONE NO. 391-1649

(This space for State Use)

COPIES OF THIS REPORT TO BE
FURNISHED TO THE FOLLOWING:

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 27 1994