

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2008

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

WELL API NO.

30-025-04499

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-3114

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

Address of Operator

P.O. Box 1610, Midland, Texas 79702

Well Location

Unit Letter V : 660 Feet From The South Line and 1980 Feet from The West Line

Section 5 Township 21S Range 36E NMPM Lea County

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

3890 DF

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 (Clearly state all pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

4-23-92. RUPU. Set blanking plug in profile nipple at 3274. POH w/tbg. Set RBP at 3206. Perf Eumont Gas f/2905-2935. Frac w/1000 gals 7-1/2% HCL followed by 507 bbls fluid and 114 tons CO2 carrying 72,000# 12/20 sd. Flow test and rec load. POH w/RBP at 3206. Ran tbg to pkr at 3274. POH w/blanking plug (2905-2935 above pkr. 3414-3630 below pkr).

4-29-92. RDPU.

5-04-92. In 24 hrs flowed 0 BO, 0 BW, 427 MCF, 70# FTP, 20/64 ck.

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 5-7-92

TYPE OR PRINT NAME Ken W. Gosnell

TELEPHONE (915) 688-5672

(This space for State Use)

APPROVED BY _____ TITLE _____

CONDITIONS FOR APPROVAL, IF ANY:

DATE

MAY 12 1992

RECEIVED
MAY 11 1992
CO HOSBBS 0000