

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

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

WELL API NO.

30-025-04499

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-3114

7. Lease Name or Unit Agreement Name

State "G" Com

8. Well No.

1

9. Pool Name or Wildcat

Eumont Yts 7 Rvs Q

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 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

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

3-26-92. RUPU. POH w/tbg and pkr. Tag up at 3622. CO to 3652. Frac Queen perms 3614-3630 w/565 bbls water, 108 tons CO2 carrying 152,100# 12/20 sd. Flow back load. RIH w/CA: 2-7/8 tbg and pkr to 3277. RDPU 3-31-92.

4-06-92. In 24 hrs flowed 0 BO, 0 BW, 622 MCF, TP 75#, 49/64 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 4-9-92

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

APR 13 '92