

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

DISTRICT I

P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-025-04707

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

176

7. Lease Name or Unit Agreement Name

State 176

8. Well No.

3

9. Pool name or Wildcat

Eumont Yates SRQ

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 1089 Eunice, NM 88231

4. Well Location

Unit Letter J : 2310 Feet From The S Line and 1650 Feet From The E Line

Section

19

Township

21S

Range

36E

NMPM

Lea

County

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

3597' 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: Drill out & Stimulate ☐

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.

TD: 3950' PBD: 3694' CIBP: 3875' PERFS: 3542-3825'

11/09/99: MIRUPU. POH w/rods & pmp. NUBOP.

11/10/99: RIH w/bit & scrpaer. Drill out cmt to 3720'. Circ. Pmp 500 gals
15% acid, flush 1 bbl.

11/11/99: Set pkr @ 2698'. Acidize 1000 gals 15% acid. Flush 12 bbls.

11/12/99: RIH w/2-3/8" tbg. Set @ 3657'. SN @ 3658'. Return well to prod.

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

SIGNATURE

TITLE Administrative Assistant

DATE 02/02/00

TYPE OR PRINT NAME Kellie D. Murrish

TELEPHONE NO. 505-394-1649

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: