Submit 3 Copies to Appropriate

APPROVED BY\_

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

| District Office  | Energy, winterars and react  | mui resources Dept                    | Revised 1-1-89  |
|--|--|---------------------------------------|---|
| DISTRICT I   | OIL CONSERVATI   | _                                     | WELL API NO.  |
| P.O. Box 1980, Hobbs NM 88241-1980<br><u>DISTRICT II</u>   | Santa Fe, NM 87505   |                                       | 30-025-04707  |
| P.O. Drawer DD, Artesia, NM 88210  |  |                                       | 5. Indicate Type of Lease  STATE X FEE                |
| DISTRICT III<br>1000 Rio Brazos Rd., Aztec, NM 87410   |  |                                       | 6. State Oil & Gas Lease No.<br>176                   |
| 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.) |  |                                       | 7. Lease Name or Unit Agreement Name<br>State 176     |
| 1. Type of Well: OIL GAS WELL GAS WELL X   | OTHER  |                                       |   |
| 2. Name of Operator  |  |                                       | 8. Well No.   |
| ARCO Permian  3. Address of Operator P.O. Box 1089 Eunice, NM 8  |  |                                       | 9. Pool name or Wildcat Eumont Yates SRQ              |
| 4. Well Location   |  | Line and 165                          | :0 E  |
| Olit Better  | Feet From The 5  |                                       | Feet From The Line                                    |
| Section 19   | Township 21S R. 10. Elevation (Show whet   |                                       | NMPM Lea County                                       |
|  | ///////  | 3597' GR                              |   |
|  | • •  | · · · · · · · · · · · · · · · · · · · | ce, Report, or Other Data                             |
| NOTICE OF INT  | ENTION TO:   | SOB                                   | SEQUENT REPORT OF:                                    |
| PERFORM REMEDIAL WORK  | PLUG AND ABANDON   | REMEDIAL WORK                         | X ALTERING CASING                                     |
| TEMPORARILY ABANDON  | CHANGE PLANS   | COMMENCE DRILLING                     | OPNS. PLUG AND ABANDONMENT                            |
| PULL OR ALTER CASING   |  | CASING TEST AND CE                    | MENT JOB  |
| OTHER:   |  | OTHER:                                |   |
| 12. Describe Proposed or Completed O work) SEE RULE 1103.  | peration <b>(Clearly state all pertinent d</b>                                       | etails, and give pertinent o          | dates, including estimated date of starting any propo |
| TD: 3950' PBD: 3694'   | CIBP: 3875' PERFS: 354   | 2-3621'                               |   |
| 10/11/99: Tag but no cm  | w/rods & pmp. NUBOP. POH<br>nt. Dump 30' additional cm<br>ng @ 3627'. Return well to | t w/calseal. Tag @                    |   |
|  |  |                                       |   |
|  |  |                                       |   |
|  |  |                                       |   |
|  |  | -                                     |   |
| I hereby certify that the information above is   | true and complete to the best of my knowl  | ledge and belief.                     |   |
| SIGNATURE JULIU 14.  | Jusish m   | LE Administrative A                   | Assistant DATE 01/17/00                               |
| TYPEOR PRINT NAME Kellie D. Mur  | rish   |                                       | TELEPHONE NO. 505-394-1649                            |
| (This space for State Use) ORIGINAL S  | BOST LUPER WILLIAMS  |                                       | JAN 24 201  |
|  |  |                                       |   |

