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 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

# OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-04707

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. 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: State 176

1. Type of Well: OIL WELL [ ] GAS WELL [X] OTHER

2. Name of Operator: ARCO Permian

8. Well No. 3

3. Address of Operator: P.O. Box 1089 Eunice, NM 88231

9. Pool name or Wildcat: Eumont Yates SRQ

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: | | | | SUBSEQUENT 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 CEMENT JOB | [ ] | | |
| OTHER: | [ ] | | | OTHER: | | | [ ] |

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: 3755' CIBP: 3875' PERFS: 3542-3775'

08/20/99: MIRUPU. POH w/rods & pmp. NUBOP. POH w/tbg. Dump 40' cmt.
08/21/99: Tag cmt @ 3840'. Dump 10 sxs sand, tag @ 3800'. Cap w/20' cmt.
08/24/99: RIH w/tbg. Tag PBD @ 3755'. Pmp 1500 gals acid.
08/25/99: Set 2-3/8" tbg @ 3690'. Return well 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 Administrative Assistant DATE 10/01/99

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505-394-1649

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JAN 24 2000

CONDITIONS OF APPROVAL, IF ANY: