

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-04713
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name STATE 176
2. Name of Operator ARCO OIL AND GAS COMPANY	8. Well No. 7
3. Address of Operator P.O. 1710 HOBBS N.M. 88240	9. Pool name or Wildcat EUMONT YATES 7 RQ
4. Well Location Unit Letter F : 1650 Feet From The NORTH Line and 3660 Feet From The EAST Line Section 19 Township 21S Range 36E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3644 GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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 4000, PBD 3835, PERFS 3209-3674

SET RBP @ 3835 & TEST CSG TO 500 #, PERFORATE 3209-3674 W/34 .40" SHOTS,

ACIDIZE W/3400 GAL 7 1/2 % HCL, FRAC W/186092# 12/20 SAND AND 110 TONS CO2

RETURN TO PRODUCTION W/BOTTOM OF CA @ 3677

9-7-93 IN 24 HRS PUMPED 0 BO, 1 BW, 351 MCFG

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

SIGNATURE JAMES COGBURN TITLE OPERATION COORDINATOR DATE 10-7-93
TYPE OR PRINT NAME JAMES COGBURN TELEPHONE NO. 391-1621

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 12 1993

RECEIVED

001 07 1993

U.S. DEPARTMENT OF JUSTICE

JOHN HOBBS
OFFICE