

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.<br>30-025-04775  |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>J.M. BROWNLEE   |
| 8. Well No.<br>1  |
| 9. Pool name or Wildcat<br>EUMONT YATES 7 RQ  |

**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:<br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER  |
| 2. Name of Operator<br>ARCO OIL AND GAS COMPANY   |
| 3. Address of Operator<br>P.O. 1710 HOBBS N.M. 88240  |
| 4. Well Location<br>Unit Letter K : 2310 Feet From The SOUTH Line and 2310 Feet From The WEST Line<br>Section 25 Township 21S Range 36E NMPM LEA County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3557' 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 Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD 3867, PBD 3430, PERFS 2739-3392

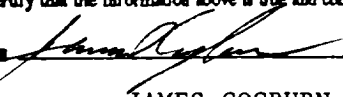
SET CIBP @ 3430, TEST CSG TO 500# FOR 30 MIN (CHART ATTACHED),

PERFORATE 2739-3392 W/36 .40" SHOTS, ACIDIZE W/3600 GAL HCL,

FARC W/189000# 12/20 SAND AND 120 TONS CO2, RAN CA TO 3362'.

TEST 8-23-93 IN 24 HRS FLOWED 0 BO, 0 BW, 733 MCFG

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

SIGNATURE  TITLE OPERATION COORDINATOR DATE 8-26-93  
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:

AUG 30 1993