

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 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. 30-025-04778
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name JM BROWNLEE
8. Well No. 4
9. Pool name or Wildcat EUMONT-YATES/TRIVERS/QUEEN
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3512' GR

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	
2. Name of Operator ARCO Oil and Gas Company	
3. Address of Operator P.O. Box 1710, Hobbs, New Mexico 88240	
4. Well Location Unit Letter N : 660' Feet From The SOUTH Line and 1980' Feet From The WEST Line Section 25 Township 21 SOUTH Range 36 EAST NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3512' 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: ☐

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 3800' PBD 3592' PERFS 3391'-3578'  
ADD 35 .40" PERFORATIONS 2715'-3328'  
STIMULATE  
ACIDIZE W/ 3500 GAL 7 1/2% NEFE & FRAC W/ 229,080 LBS 12/20 SAND  
AND 140 TONS OF CO2  
RETURNED TO PRODUCTION ON 12-28-93 AND FLOWED IN 24 HOURS  
0 BO, 0 BW, 760 MCF

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

SIGNATURE Bob Manthe TITLE OPERATIONS COORDINATOR DATE 1-11-94  
TYPE OR PRINT NAME BOB MANTHEI TELEPHONE NO. 391-1602

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JAN 14 1994  
CONDITIONS OF APPROVAL, IF ANY: