

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-06776
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No. 14922
Lease Name or Unit Agreement Name Nancy Stephens
Well No. 3
Pool name or Wildcat Wantz Abo
Elevation (Show whether DF, RKB, RT, GR, etc.) 3423' 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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	Name of Operator Arch Petroleum Inc.
Address of Operator 300 North Marienfeld, Suite 600 Midland, Texas 79701	Well Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line Section 24 Township 21S Range 37E NMPM Lea County
Elevation (Show whether DF, RKB, RT, GR, etc.) 3423' GR	

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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 ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Add perms and stimulate ☒

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.

10/02/99

Perforate Abo 6893-7076' w/2 JSPF.

Set RBP @ 7102'. Test to 3000#. OK.

10/04/99

Acidize w/2196 gallons 15% NEFE. Max press. 5200#. Avg. 4500#. ISIP 2450#, 15 min. 620#.

Swab back load.

10/08/99

Acidize w/5000 gallons 20% gelled acid. Max press. 4010#. Avg 3430#. ISIP 2850#, 15 min. 1900#.

Swab back load

10/10/99

RIH w/tbg and rods.

Start well pumping 10/12/99.

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

SIGNATURE Robin S. McCarley TITLE Production Tech. DATE 11-01-99

TYPE OR PRINT NAME Robin S. McCarley TELEPHONE NO. (915) 685-8100

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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