Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240				WELL A.PI NO.	,	
DISTRICT II	Santa Fe, IVM 87505			30-0:25-27902		
P.O. Drawer DD, Artesia, NM 88210			sIndicate Type of Lea		EΧ	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				«State Cil & Gas Lease No. 14922		
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  Nancy Stephens		
Type of Well: OIL GAS WELL CTHER				Transy Stephens		
₂Name of Operator Arch Petroleum Inc.				aWell No.		
3Address of Operator 300 North Marienfeld, Suite 600 Midland, Texas 79701				Pool name or Wildcat Blinebry Oil & Gas		
4Well Location Unit Letter F : 1980	Feet From The North	Line ar	d 1980	Feet From The	WestLine	<del></del>
24 Section 21S	Township 37E	Range		NMPM	Lea County	
<b>Wall Market Comment</b>	10Elevation (Show whether 3421' GR	DF, RKB, RT, (	GR, etc.)			
11 Check A	ppropriate Box to Indicate	Nature of	Notice, Re	port, or Other [	Data	
NOTICE OF INTENTION TO: SUB				SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK				ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLING C			PNS.	PLUG AND ANBANDONME	.NT
LL OR ALTER CASING CASING TEST AND CEM				ENT JOB		
OTHER:	R: OTHER: Abandon Tu				Blinebry	_ >
12Describe Proposed or Completed Operation work) SEE RULE 1103.	ns (Clearly state all pertinent details, and	give pertinent o	lates, including es	stimated date of starting	any proposed	
10/12/99 Set CIBP @ 6250'. Test to 3000#. Perforate 5840-5870' w/2 SPF. 10/13/99 Acidize perforations w/916 gallons of Swab back load. 10/14/99 Frac perforations w/41,000 gallons of Reverse out sand. 10/19/99 TIH w/2-3/8" tubing to 5786'. 10/23/99 Start well producing		Avg 2580#				
I hereby certify that the information above is	true and complete to the best of my kno	wledge and bel	ef.			
SIGNATURE Robert S. M.	Macley/		uction Tech.		DATE 11-08-99	
TYPE OR PRINT NAME ROBIN S. McCarle	ay /				TELEP-IONE NO. (915) 685-	8100
(This space for State Use)						
APPROVED BY		TITLE			DATE	<u> </u>