

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. 30-025-29736

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
B-2139

7. Lease Name or Unit Agreement Name

STATE H

8. Well No.  
5

9. Pool name or Wildcat  
EUMONT YATES 7RQ

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 ☐

GAS WELL ☒

OTHER

2. Name of Operator

ARCO OIL & GAS COMPANY

3. Address of Operator

P O BOX 1710 HOBBS, NEW MEXICO 88240

4. Well Location

Unit Letter I : 3591 Feet From The NORTH Line and 920 Feet From The EAST Line

Section 5

Township 21 S

Range 36 E

NMPM

LEA

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3591.2 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: ☐

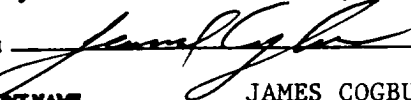
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD 3600, PBD 3558, PERFS 3212-3510

ADD 23 PERFS WITHIN INTERVAL 3212-3510, 40" 1 JSPF, STIMULATE W/3500 GAL 7 1/2% HCL &  
FRAC W/201 TONS CO2 AND 270,476# 12/20 SAND. 2 3/8 TBG SET @ 3350 12/12/92 in 24 HRS  
PUMPED 0 BO, 0 BW, 360 MCF

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

SIGNATURE



TITLE OPERATIONS COORDINATOR

DATE 1/20/93

TYPE OR PRINT NAME

JAMES COGBURN

TELEPHONE NO. 391-1600

(This space for State Use)

Orig. Signed by  
Paul Kautz  
Geologist

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: