

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

Submit 3 Copies
to Appropriate
District Office

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 87504-2008

WELL API NO.

20-025-32251

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

B-2139-3

7. Lease Name or Unit Agreement Name

State "H"

8. Well No.

6

9. Pool Name or Wildcat

Eumont

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR 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 and GAS COMPANY

3. Address of Operator

P.O. Box 1610, Midland, Texas 79702

4. Well Location

Unit Letter P : 3300 Feet From The South Line and 990 Feet from The East Line

Section 5 Township 21S Range 36E NMPM Lea County

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

3585 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 Operation (Clearly state all pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Spud 12-1/4 hole 10-16-93. TD'd @ 400. Run 8-5/8 24# csg to 400. Cmt'd w/350 sx "C" + 2% CC + 1/4# CS (yld 1.32). Circ cmt to surf. WOC 10 hrs. Est compressive strength 1200#. Press test csg to 1000# for 30 min. DA w/7-7/8 bit.

TD'd 7-7/8 hole @ 3700, 10-20-93. RIH w/5-1/2 15.5 csg to 3700. Cmt'd w/600 sx 35/65 Poz C + 6% D20 + 1/4# D29 (yld 1.92) followed by 250 sx "C" + 1/4# D29. Circ cmt to surf. RR 10-21-93.

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

SIGNATURE

Johnny Shields

TITLE Drilling Team Leader

DATE 11-02-93

TYPE OR PRINT NAME Johnny Shields

TELEPHONE 915 688-5674

(This space for State) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS FOR APPROVAL, IF ANY:

NOV 10 1993