

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.
30-025-33250

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

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 Permian

8. Well No.

5

3. Address of Operator

P.O. Box 1710, Hobbs, New Mexico 88240

9. Pool name or Wildcat

EUMONT YATES SRQ GAS

4. Well Location

Unit Letter U : 990 Feet From The S Line and 890 Feet From The W Line

Section 5

Township 21S

Range 36E

NMPM LEA

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3582' 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: NEW WELL COMPLETION ☒

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: 3700' PBD: 3639' PERFS: 3046-3609'

02/13/96: PERF EUMONT INTERVAL 3046-3609', 36 SHOTS, .40 HOLE SIZE. STIMULATE W/3600 GALS
15% HCL. FRAC W/226,080# 12/20 BRADY, 50,460# 12/20 RESIN, & 189 TONS CO2.

02/28/96: IN 24 HRS FLOWED 0 BO, 1 BW, 353 MCF.

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

SIGNATURE Kellie D. Murrish

TITLE Administrative Assistant

DATE 03/06/96

TYPE OR PRINT NAME Kellie D. Murrish

TELEPHONE NO. 505-391-16

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____

TITLE _____ DATE MAR 27 1996

CONDITIONS OF APPROVAL, IF ANY: