

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

3. Address of Operator
P.O. BOX 1610, MIDLAND, TX, 79702

7. Lease Name or Unit Agreement Name
STATE "G" COM

8. Well No.
5

9. Pool name or Wildcat
EUMONT YATES/SR/QUEEN

4. Well Location
Unit Letter **U** : **990** Feet From The **SOUTH** Line and **890** Feet From The **WEST** 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: ☐

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.

SPUD 12 1/4 HOLE ON 02-01-96. TD'D AT 409. RIH W/8 5/8 24# CSG TO 409. CMT'D W/350 SX C W/2% CC + 1/4# CS(YLD 1.32). CIRC CMT TO SURF. WOC 12 1/2 HRS. EST COMP STRENGTH 1600#. PRESS TEST CSG TO 1000# FOR 30 MIN. DA W/7 7/8 BIT.

TD'D 7 7/8 HOLE AT 3700, 02-06-96. RIH W/5 1/2 15.5# CSG TO 3700. CMT'D W/600 SX C POZ W/6% D20 + 1/4# CS(YLD 1.92) FOLLOWED BY 250 SX C W/1/4# CS(YLD 1.32). CIRC CMT TO SURF. RR 02-07-96.

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

SIGNATURE Ken W. Gosnell TITLE AGENT DATE 02-09-96

TYPE OR PRINT NAME KEN W. GOSNELL TELEPHONE NO. 915 688-5672

(This space for State Use)

ORIGINAL SIGNED BY
GARY WINK
FIELD REP. II

FEB 13 1996

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: