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.
30-025-09057

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.)

7. Lease Name or Unit Agreement Name

SEVEN RIVERS QUEEN UNIT

1. Type of Well:
OIL WELL ☐   GAS WELL ☐   OTHER WIW

8. Well No.
9

2. Name of Operator
ARCO OIL AND GAS COMPANY

9. Pool name or Wildcat
EUNICE SRQ SOUTH

3. Address of Operator
BOX 1710, HOBBS, NEW MEXICO 88240

4. Well Location
Unit Letter _I_ : 1980 Feet From The SOUTH Line and 660 Feet From The EAST Line

Section 27   Township 22S   Range 36E   NMPM   LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3517' 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: SHUT IN ☒

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.

5/06/92   WELL SI PENDING EVALUATION

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

SIGNATURE _[signature]_

TITLE Operations Coordinator   DATE 5/07/92

TYPE OR PRINT NAME James D. 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: