

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. 30-025-09182
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. A-2614
7. Lease Name or Unit Agreement Name MCDONALD WN STATE
8. Well No. 3
9. Pool name or Wildcat JALMAT TANSIL YATES SRQ

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator ARCO Oil and Gas Company	
3. Address of Operator P.O. Box 1710, Hobbs, New Mexico 88240	
4. Well Location Unit Letter P : 990 Feet From The SOUTH Line and 990 Feet From The EAST Line Section 36 Township 22S Range 36E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3411' 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 3486', PBD 3478', PERFS OH 2844-3478'
02/21/94

STIMULATE ZONE W/1200 GALS "DAD" ACID (XYLENE/HCL TREATMENT), 181,160 LBS 12/20 SAND, 117 TONS CO2.

DATE OF FIRST PRODUCTION 03/15/94

TEST INFO DTD 03/25/94, 24 HOURS, OPEN CHOKE, O BO, O BW, 220 MCF, FLOWING TP 40#, CP 40#

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

SIGNATURE Kellie D. Murrish TITLE RECORDS CLERK II DATE 04/08/94

TYPE OR PRINT NAME KELLIE D. MURRISH TELEPHONE NO. (505)391-1649

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APR 12 1994

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: