

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

CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-09185	
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. 6	
9. Pool name or Wildcat Jalmat Tansil Yates SRQ (Gas)	

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 OIL AND GAS COMPANY

3. Address of Operator
P.O. 1710 HOBBS N.M. 88240

4. Well Location
Unit Letter B : 990 Feet From The North Line and 2310 Feet From The East Line
Section 36 Township 22S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3427.8'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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: 3503' Open hole in Jalmat Pool from 2930-3503'

Currently well is TA'd with CIBP @ 2870' w/35' cmt on top.
Propose to drill out CIBP and cmt, stimulate Jalmat zone 2930-3503'

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

SIGNATURE Keillie D. Murrish TITLE Records Clerk II DATE 03/09/94

TYPE OR PRINT NAME Keillie D. Murrish TELEPHONE NO. 391-1649

(This space for State Use)

APPROVED BY _____ TITLE Orig. Signed by Paul Kautz Geologist DATE MAR 11 1994

CONDITIONS OF APPROVAL, IF ANY: