

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  
2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30-025-09211
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No. 014907
Lease Name or Unit Agreement Name J.F. JANDA NCT I
Well No. 2
Pool name or Wildcat Jalmat Tansill

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.)	
Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
Name of Operator ARCH PETROLEUM INC.	
Address of Operator 10 DESTA DRIVE SUITE 420E	
Well Location Unit Letter <u>D</u> : <u>990</u> Feet From The <u>N</u> Line and <u>990</u> Feet From The <u>W</u> Line  2 Section 23S Township 36E Range NMPM LEA County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3484 GR	

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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 ANBANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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.

MIRU PU. NDWH NU BOP. SET 25 SX CMT PLUG @ 3050, 2450, & 1400'. DETERMINED FREE PT IN 5 1/2" CSG @ 910'. ND BOP. SHOOT CSG @ 910'. NU BOP. SET CMT STUB PLUG @ 910'-50 IN & 50 OUT. SET 25 SX CMT PLUG @ 350'. SET 10 SX CMT PLUG @ SURFACE (DISPLACE BETWEEN PLUGS W/ 10# BRINE/ 25# GEL PER BBL MUD). ND BOP & RD PU.

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

SIGNATURE [Signature] TITLE \_\_\_\_\_ DATE 07-01-97

TYPE OR PRINT NAME DOUG PARKHURST TELEPHONE NO. 915-685-1961

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: