

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. 30-025-09213
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name SEVEN RIVERS QUEEN UNIT
8. Well No. 41
9. Pool name or Wildcat LANGLIE MATTIX

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 WIW
2. Name of Operator ARCO OIL AND. GAS COMPANY
3. Address of Operator BOX 1710, HOBBS, NEW MEXICO 88240
4. Well Location Unit Letter A : 660 Feet From The NORTH Line and 660 Feet From The EAST Line Section 2 Township 23S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3459.7' GR
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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.

TA & HOLD WELL FOR FUTURE USE

1. NOTIFY NMOCD 24 HRS PRIOR TO TESTING CIBP
2. INSTALL BOP & POH w/TBG
3. GIH w/TBG OR WL SET CIBP $\pm$ 10-15' ABOVE EXISTING PERFS
4. POH w/1 JT TBG & CIRCULATE w/PKR FLUID AND TEST CIBP TO 500# w/PRESSURE CHART
5. POH w/TBG LAYING DOWN, LEAVE 1 JT HANGING IN BI BONNETT. SI. RDCL

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

SIGNATURE James D. Cogburn TITLE Administrative Supervisor DATE 2/12/91
TYPE OF PRINT NAME James D. Cogburn TELEPHONE NO. 392-1600

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: