

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. 30-025-09365
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No. 014904
Lease Name or Unit Agreement Name J.F. JANDA NCT E
Well No. 3
Pool name or Wildcat JALMAT 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.)

Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER

Name of Operator
ARCH PETROLEUM INC.

Address of Operator
10 DESTA DRIVE SUITE 420E

Well Location
Unit Letter A : 360 Feet From The N Line and 330 Feet From The E Line

21 Section 23S Township 36E Range NMPM LEA County

Elevation (Show whether DF, RKB, RT, GR, etc.)
3432 GR

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 @ 3079, 2450, & 1400'. DETERMINED FREE PT IN 5 1/2" CSG @ 400'. ND BOP. SHOOT CSG @ 400'. NU BOP. SET CMT STUB PLUG @ 400'-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

TITLE SUMMER ENGINEER

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: