

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.
30-025-10060

Indicate Type of Lease
STATE ☐ FEE ☒

State Oil & Gas Lease No.

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
P. O. Box 10340, Midland, TX 79702-7340

Well Location
Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line
Section 5 Township 22S Range 37E NMPM Lea County

Lease Name or Unit Agreement Name

Lee Stebbins "B"

Well No.
2

Pool name or Wildcat

Pencase Skelly CB

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

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: ☐

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.

1st plug - Spot 100' plug 50' in csg 50' out csg @ 3546'.
2nd plug - Cut 6" off @ 1000'. Spot 100' plug 50' in csg 50' out csg.
3rd plug - Spot 100' plug @ bottom of surface 50' in csg 50' out csg.
4th plug - Spot 10 sk plug @ surface and cap.
Tag all plugs.
Displace hole w/ 9.5 brine 25# gel per bbl.

THE COMMISSION MUST BE NOTIFIED 24
HOURS PRIOR TO THE BEGINNING OF
PLUGGING OPERATIONS FOR THE C-103
TO BE APPROVED.

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

SIGNATURE Cathy Tomberlin TITLE Operation Tech DATE 05-15-00

TYPE OR PRINT NAME Cathy Tomberlin

TELEPHONE NO. 915-685-8100

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE May 24 2000

CONDITIONS OF APPROVAL, IF ANY: