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 OIL CONSERVATIO P.O. Box 200		WELL API NO.
	COTTO CONTRACTOR AND A	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		5. Indicate Type of Lease STATE X FEE
		6. State Oil & Gas Lease No. 71-032573-A
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.)		7. Lease Name or Unit Agreement Name
1. Type of Well:		E.M. Elliott Federal =
WELL X WELL OTHER		
2 Name of Operator Arch Petroleum Inc.		8. Well No.
3. Address of Operator		9. Pool name or Wildcat
Suite IIA 777 Taylor St. Fort Worth, Texas 76102 4. Well Location		McCormick Silurian, South
Unit Letter D: 330 Feet From The North Line and 990 Feet From The West Line		
Section 22 Township 22S Range 37E NMPM Lea County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3397 GR		
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING TEST AND CEI		MENT JOB
OTHER:	OTHER: Install Artifical Lift X	
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.		
4-11-89 MIRU Pool Well Service		
Tested Casing to 500#		
Pulled Tubing and laid down Mod. R Packer Tested Tubing to 6000#		
Ran ljt. mud anchor, 4'perf. sub, SN, 5jts 2 3/8EUE, Tubing anchor and 221 jts. 2 3/8EUE. SN @6969'		
4-12-89 Ran 2"X1½X16 pump, 16 7/8, 172 3/4, 87 7/8 rods, 16X7/8sub.		
Hung well on. Started pumping 6PM.		
c Famband office		
I hereby certify that the information above is true and complete to the best-of my knowledge and be		
SIGNATURE STATE OF THE	V.P. Operations	DATE 5-16-89
TYPEOR PRINT NAME Jim B. Paschall		TELEPHONE NO. 8173329209
(This space for State Use) ORIGINAL SIGNED DAY		MAY 9 9 4000
ORIGINAL SIGNED BY JERRY SEXTON APPROVED BY DISTRICT I SUPERVISOR TITLE		MAY 2 2 1989
CONDITIONS OF APPROVAL, IF ANY:		DATE