State of New Mexico Form C-103 Submit 3 Copies Energy, Minerals and Natural Resources Department Revised 1-1-89 to Appropriate District Office OIL CONSERVATION DIVISION DISTRICT I P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 30-025-25438 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe. New Mexico 87504-2088 5. Indicate Type of Lease FEE XX STATE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: Manda METT X 8. Well No. 2. Name of Operator Arch Petroleum, Inc 9. Pool name or Wildcat 3. Address of Operator #10 Desta Drive, Suite 420 E., Midland, Texas 79705 Drinkard 4. Well Location Line and 1830 _ Feet From The <u>West</u> N : 860 Feet From The South County 21 Township Lea Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: **ALTERING CASING** PLUG AND ABANDON REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDONMENT **CHANGE PLANS** COMMENCE DRILLING OPNS. TEMPORARILY ABANDON CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER:.. 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. Pulled out of hole with producing equipment. C/O to 6660'. Acidized perfs with 800 gallons 15% NEFE. (200 gals per SCT of perfs). Acidized all perfs w/10,000 gals 65 Q foam acid in 4 stages. Using RCN ball sealers as diverting agent between stages. Flowed back spent acid. Equiped well to pump. Well producing 10 BOPD, 40 BWPD, 23 MCFPD.

(This space for State Use PRIGINAL SIGNED BY JERRY SEXTORS	DEC 1 4 1994
TYPEORPRINT NAME Merrick S. Vanderslice	телетноме мо. <u>(915)</u> 6851961
	TIME Vice President of Operations 12/6/94
I hereby certify that the information above is true and complete to the best of my knowle	odge and belief.
Work performed 11/9/94 thru 11/24	/94

DISTRICT I SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY -