Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

CONDITIONS OF APPROVAL, IF ANY:

OH CONCEDUATION DIVISION

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 DISTRICT II Santa Fe, New Mexico 8		DIAISION	WELL API NO. 30-025-25438	
		504-2088		
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of I	STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas I	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.)				
			7. Lease Name or U	nit Agreement Name
1. Type of Well: OIL GAS WELL X WELL	OTHER		Manda	
2. Name of Operator			8. Well No.	
Arch Petroleum, Inc. 3. Address of Operator			9. Pool name or Wil	Idcat
10 Desta Drive, Suite 420 East,	Midland, TX	79705	Drinkar	rd
4. Well Location			1020	
Unit Letter N: 860 Feet From The	South	Line and	1830 Feet From T	The West Line
Section 21 Township	22S Range	37E	NMPM	Lea County
10. Eleva		, RKB, RT, GR, etc.)		
11. Check Appropriate Bo	3748' GL	ture of Notice R	enort or Other I	Data
NOTICE OF INTENTION TO:	X to Hiticate Na		SEQUENT RE	
PERFORM REMEDIAL WORK X PLUG AND A	BANDON	REMEDIAL WORK	□ A	LITERING CASING
TEMPORARILY ABANDON CHANGE PLA		COMMENCE DRILLING	OPNS. DP	PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB		
		OTHER:		
OTHER:				
12. Describe Proposed or Completed Operations (Clearly state all work) SEE RULE 1103.	pertinent details, and t	rive pertinent dates, inclu	ding estimated date of s	starting any proposed
We propose to: POH w/rods and tbg. NDWH N 6371, 6384, 6426, 6446, 6454 old perfs (6435-37, 6477-79, HCL using isolation packer. and 156,000 lb 20/40 sand.	, 6490, 6515 6522-24, 65 Frac treat	, 6532, 6554' 66-68') and no all perfs with	with 2 - 0.7 ew perfs with h 43,000 gals	75" JHPF. Acidize h 2,800 gals NEFE s 35 lb X-link gel
-				ı
I hereby certify that the information above is true and complete to the best				7.0.00
SIGNATURE Mench 5. Vandershe	<u>~</u>	V.P. of Oper	ations	DATE 7/8/94
TYPEOR PRINT NAME Merrick S. Vanders	lice			915-685-1961 TELEPHONE NO.
(This space for State Use) (CRESTANCE CREETED BY CERTIFY OF THE ACTION O	SEKT ON UL		00	CT 3 1 1994
APPROVED BY	TITLE			DATE