

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  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-28685
1. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-229
7. Lease Name or Unit Agreement Name SEVEN RIVERS QUEEN UNIT
8. Well No. 64
9. Pool name or Wildcat LANGLIE MATTIX SRQ

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.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WIW <input type="checkbox"/>	
2. Name of Operator ARCO OIL AND GAS COMPANY	
3. Address of Operator BOX 1710, HOBBS, NEW MEXICO 88240	
4. Well Location Unit Letter <u>E</u> : <u>660</u> Feet From The <u>WEST</u> Line and <u>2310</u> Feet From The <u>NORTH</u> Line Section <u>2</u> Township <u>23S</u> Range <u>36E</u> NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3466.3' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: RETURNED TO INJECTION <input checked="" type="checkbox"/>

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.

2/6/90 THIS WELL WAS RETURNED TO ACTIVE INJECTION

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

SIGNATURE James D. Cogburn TITLE Administrative Supervisor DATE 5/17/91  
TYPE OR PRINT NAME James D. Cogburn TELEPHONE NO. 392-1600

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: