

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. 300252868500
5. 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 SEVEN RIVERS QUEEN
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR 3466.3

**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
2. Name of Operator ARCO OIL AND GAS COMPANY
3. Address of Operator BOX 1710, HOBBS, NEW MEXICO 88240
4. Well Location Unit Letter E : 660 Feet From The WEST Line and 2310 Feet From The NORTH Line Section 2 Township 23S Range 36E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR 3466.3

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
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: SHUT-IN <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.

We request an extension to the approved "Shut-In" in order to hold well for future use in the Seven Rivers Queen Unit Water Flood Project.

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

SIGNATURE James D. Cogburn TITLE Services Supervisor DATE 4-28-89

TYPE OR PRINT NAME James D. Cogburn TELEPHONE NO. 392-3551

(This space for State Use)

**Eddie W. Seay**  
Oil & Gas Inspector

APPROVED BY Eddie W. Seay TITLE Oil & Gas Inspector DATE MAY 1 1989

CONDITIONS OF APPROVAL, IF ANY:

12-1-89