Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I 1625 N. French Dr., Hobbs, NM 87240 WELL API NO. District II 30-025-35472 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III 1000 Rio Brazos Rd., Aztec, NM 87410 STATE 🗴 Santa Fe, NM 87505 FEE District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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.) MCDONALD WN STATE 1. Type of Well: Oil Well Gas Well X Other 2. Name of Operator 8. Well No. ARCO Permian 3. Address of Operator 9. Pool name or Wildcat P.O. Box 1610 Midland, TX 79702 JAIMAT CAS POOL (TANSIIL-YATES-SR) 4. Well Location Unit Letter 1780 feet from the line and 1650 feet from the line 36 Township 22S Range 3Œ County LEA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3422 GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT 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** MULTIPLE CASING TEST AND COMPLETION **CEMENT JOB** OTHER: OTHER: SPUD AND SET CASING 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. 3-28-01 SPUD 12-1/4" HOLE. DRILLED TO 440' 3-29-01 RAN 8-5/8" 24# J55 CASING. SET @ 428' W/300 SX CL C CEMENT. WOC 16 HRS. CIRC. 35 SX TO SURFACE. 4-3-01 RAN 5-1/2" 14# J55 CASING. SET @3598' W/870 SX CL. C CEMENT. CIRC. 56 SX TO SURFACE. I hereby certify that the information above is true and complete to the best of my knowledge and belief. **SIGNATURE** TITLE REG/COMP. ANALYST 6/22/01 _ DATE _ Type or print name ELIZABETH A. CASBEER Telephone No. 915-688-5570 (This space for State use) APPROVED BY_ DATE

Conditions of approval, if any: