

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.  
30-025-10801

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
E.L. STEELER WN

8. Well No.  
3

9. Pool name or Wildcat  
JALMAT TANSIL YATES SRQ GAS

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 ☐ GAS WELL ☒ OTHER

2. Name of Operator  
ARCO Permian

3. Address of Operator  
P.O. Box 1710, Hobbs, New Mexico 88240

4. Well Location  
Unit Letter L : 1980 Feet From The S Line and 660 Feet From The W Line

Section 19 Township 23S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3325.8' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Add Perfs & Frac ☐

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.

TD: 3568' PBD: 3440' PERFS: 2835-3186'

01/04/96: Add perfs to Jalmat interval 2835-3186, 20 shots added, 0.40 hole size. Stimulate w/5,500 gals 7-1/2% HCL, Frac w/121 tons CO2 and 157,140# 12/20 Brady, 44,320# 12/20 resin. Ran Completion assembly of 103 jts 2-3/8" tbg. Set @ 3232'.

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

SIGNATURE Kellie D. Murrish TITLE Administrative Assistant DATE 02/12/96

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 391-1649

(This space for State Use) ORIGINAL SIGNED BY  
GARY W. WINK  
FIELD REPRESENTATIVE II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE FEB 15 1996

CONDITIONS OF APPROVAL, IF ANY: