

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. 30-025-10802
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name E.L. STEELER WN
8. Well No. 4
9. Pool name or Wildcat LANGLIE MATTIX 7RQ GB
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3324.4 GR

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 OIL AND GAS COMPANY
3. Address of Operator
P.O. 1710 HOBBS N.M. 88240

4. Well Location
Unit Letter M : 660 Feet From The SOUTH Line and 660 Feet From The WEST Line
Section 19 Township 23S Range 37E NMPM LEA County

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER: ABANDON LANGLIE MATTIX <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.

TD 3595, PBD 3385

SET CIBP @ 3385 W/35' CLASS C CMT ON TOP OF PLUG, TEST CSG TO 500# FOR 30 MIN

ZONE ABANDONED 5-26-93

CHART ATTACHED

PREPAIR TO RECOMPLETE IN JALMAT

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

SIGNATURE Jerry Sexton TITLE OPERATION COORDINATOR DATE 7-2-93
TYPE OR PRINT NAME JAMES COGBURN TELEPHONE NO. 391-1621

(This space for State Use)

APPROVED BY Jerry Sexton ORIGINAL SIGNED BY JERRY SEXTON
CONDITIONS OF APPROVAL, IF ANY: DISTRICT I SUPERVISOR DATE JUL 06 1993

2-6-93 LP
2A Langlie Mattix

RECEIVED

11 05 1993

OLD HUBBS
OFFICE