

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.
30-025-10847

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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. Box 1610, Midland, Texas 79702

4. Well Location
Unit Letter I : 2310 Feet From The South Line and 336 Feet From The East Line
Section 27 Township 23S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3269 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: ☐

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.

1-21-91. RUPU. Isolate hole in csg at 337. EIR w/circ out 5 1/2 x 8 5/8. Displaces hole w/10# MLF. P & A as follows:

Plug	Interval	cmt	Remarks
1	3230-3290	10sx	Spot on CIBP at 3290.
2	1800-1915	20sx	Spot
3	1155-1120	50sx	Perf @ 1120. CR at 1075 w/20'cmt on top.
4	0- 337	95sx	Hole at 337. Cmt inside & outside 5 1/2.

Cut off WH & installed dry hole marker.
P & A'd 1-24-92

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

SIGNATURE Ken W. Gosnell TITLE Regulatory Coordinator DATE 4-3-92

TYPE OR PRINT NAME Ken W. Gosnell 915/688-5672 TELEPHONE NO.

(This space for State Use)

APPROVED BY [Signature] TITLE OIL & GAS INSPECTOR DATE APR 24 '92

CONDITIONS OF APPROVAL, IF ANY: