

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

Submit 3 Copies
to Appropriate
District Office

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2008

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

WELL API NO.

30-025-10847

5. Indicate Type of Lease

STATE ☐

FED ☒

6. State Oil & Gas Lease No.

NMJ-540

7. Lease Name or Unit Agreement Name

Melba Goins

8. Well No.

2Y

9. Pool Name or Wildcat

Langlie Mattix 7 RQN

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR 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 Operation (Clearly state all pertinent dates, including estimated date of starting any proposed work) SBB RULE 1103.

Propose to P&A as follows:

Plug	Interval	Cmt	Remarks
1	3230-3290	10 sx	CIBP w/60' cmt
2	Holes in csg		CR 50' above holes.
3	1800-1910	20 sx	Spot
4	990-1120	50 sx	Perf at 1120. CR at 1020 w/30' cmt on top.
5	0-380	175 sx	Perf at 380. Cmt inside and outside 5-1/2

CO WH and install dry hole marker.

THE COMMISSION MUST BE NOTIFIED 24
HOURS BEFORE THE START OF ANY
OPERATION THAT MAY AFFECT THE
WELL OR THE SURFACE.

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

1-13-92

TYPE OR PRINT NAME

Ken W. Gosnell

TELEPHONE

(915) 688-5672

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

JAN 16 '92

APPROVED BY

TITLE

DATE

CONDITIONS FOR APPROVAL, IF ANY: