

Submit 3 Copies
to Appropriate

District Office

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

API NO. (assigned by OCD on New Wells)

30-025-10852

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

16233

7. Lease Name or Unit Agreement Name

E. C. HILL "A"

8. Well No.

3

9. Pool name or Wildcat

Imperial Tubb Drinkard

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL

GAS

WELL ☒

WELL ☐

OTHER

2. Name of Operator

Arch Petroleum, Inc.

3. Address of Operator

10 Desta Dr., Suite 420E, Midland, TX 79705

4. Well Location

Unit Letter

O

660 Feet From The **SOUTH**

Line and

1980 Feet From The

EAST

Line

Section

27

Township

23S

Range

37E

NMPM

LEA

County

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

3277' DF

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 ABANDON. ☐

CASING TEST AND CMT 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.

MIRU. Dump 2 sx. cmt on top of CIBP at 6020'. RIH w/packer and pressure test to 500# for 30 min. After successful pressure test, POH w/packer & tubing and set CIBP @5300'. Dump 2 sx. cmt. on top of CIBP and pressure test casing.

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

SIGNATURE

Bobbie Brooks

TITLE

Production Analyst

DATE:

5/8/97

TYPE OR PRINT NAME

Bobbie Brooks

TELEPHONE NO. **(915)685-1961**

APPROVED BY

TITLE

DATE

MAY 14 1997

CONDITIONS OF APPROVAL, IF ANY: