

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-025-12352

Indicate Type of Lease

STATE ☐

FEE ☐

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.)

Type of Well:

OIL ☒
WELL ☒

GAS

WELL ☐

OTHER

Name of Operator

Arch Petroleum Inc.

Address of Operator

P. O. Box 10340, Midland, TX 79702-7340

Well Location

Unit Letter E : 1650 Feet From The North Line and 330 Feet From The West Line

Section 4 Township 25S Range 38E NMPM Lea County

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

3151' GR

Lease Name or Unit Agreement Name

West Dollarhide Devonian Unit

Well No.

115

Pool name or Wildcat

Dollarhide Devonian

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 ANBANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

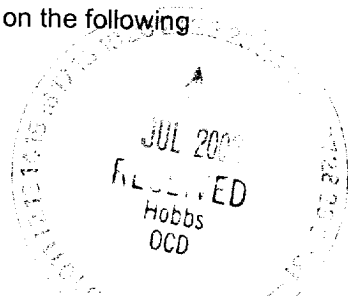
OTHER: ☐

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.

Arch Petroleum plans to plug and abandon the above captioned well based on the following procedure:

1. Spot 40 sk plug from 7600-7450. Tag
2. Circ hole w/ mud
3. Spot 35 sk plug from 5970-5868.
4. Spot 30 sk plug from 4800-4650.
5. Spot 30 sk plug from 3000-2850.
6. Spot 30 sk plug from 2000-1800. Tag
7. Perf csg @ 355'. Sqz 75 sk plug. Displace TOC to 250'. Tag.
8. Cut off WH. Spot 10 sk surface plug & dry hole marker.

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103 TO BE APPROVED.



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

SIGNATURE

Cathy Tomberlin

TITLE Sr. Operation Tech

DATE 07/18/02

TYPE OR PRINT NAME

Cathy Tomberlin

(915)685-8100

TELEPHONE NO.

(This space for State Use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

GARY W. WINK
OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

JUL 23 2002