

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.
5. Indicate Type of Lease <input checked="" type="checkbox"/> Federal <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 71-064118
7. Lease Name or Unit Agreement Name Eva E. Blinebry Federal
8. Well No. 13
9. Pool name or Wildcat Langlie-Mattix SRQG
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3238 KB

**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 Water Injection

2. Name of Operator  
Arch Petroleum Inc.

3. Address of Operator  
777 Taylor st., Suite II-A, Ft. Worth, Texas 76102

4. Well Location  
Unit Letter M : 1300 Feet From The South Line and 1300 Feet From The East-west Line  
Section 35 Township 23-S Range 37-E NMPM Lea County

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.

6-8-89 Tested tbg in hole to 6000#. Set Baker AD-1 tension packer at 3372' with 16,000# tension. Tested casing and packer to 400# for 30 minutes. Held ok. Returned well to injection.

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

SIGNATURE David Miller TITLE Operations Manager DATE 6-12-89  
TYPE OR PRINT NAME David Miller TELEPHONE NO. 915-685-1961

(This space for State Use) **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**JUN 15 1989**