

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. 30-025-22254
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. 14926
Lease Name or Unit Agreement Name Saltmount
Well No. 2
Pool name or Wildcat Teague Paddock Blinbry (58300)

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator Arch Petroleum Inc.	
Address of Operator 300 N. Mariefeld, Suite 600 Midland, Texas 79701	
Well Location Unit Letter <u>O</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>21</u> Township <u>23S</u> Range <u>37E</u> NMPM LEA County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3303' GL	

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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: Add perms and stimulate ☒

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.

06/29/99

- 1) Set CIBP @ 5300'. Test to 3000#.
- 2) Perforate 5160-5190' w/2 JSPF.
- 3) Acidize perms w/1000 gallons 15% HCL acid.
- 4) Swabbed back load.
- 5) Frac w/11,500 gallons and 76,000 lbs sand.
- 6) Reverse out sand.

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- 7) RIH w/tbg pumping assembly.
- 8) Put well on production.

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

SIGNATURE Robin S. McCarley TITLE Production Tech. DATE 09-08-99

TYPE OR PRINT NAME Robin S. McCarley TELEPHONE NO. 915-685-8100

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

IC
2A Imperial Tubb Drinkard

