

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. 30-025-22373
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No. 016233
Lease Name or Unit Agreement Name E.C. HILL "A"
Well No. 1
Pool name or Wildcat SA/GLORIETTA

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

2. Name of Operator
ARCH PETROLEUM INC.

3. Address of Operator
10 DESTA DRIVE SUITE 420E

4. Well Location

Unit Letter O : 990 Feet From The S Line and 2310 Feet From The E Line

27 Section

23S Township

37E Range

NMPM

LEA County

5. Elevation (Show whether DF, RKB, RT, GR, etc.)
3280 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 Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

MIRU PU. NDWH NU BOP. DMP 5 SX CMT ON CIBP @ 5200'. ND BOP. DETERMINED FREE PT OF 7" CSG @ APPROX. 800'. SHOOT OFF CSG @ 800'. SET 25 SX CMT PLUG @ 3000, 2450, & 1400'. SET CMT SHOE PLUG @ 1056'-50 IN & 50 OUT. SET CMT STUB PLUG @ 800'-50 IN & 50 OUT. SET 25 SX CMT PLUG @ 350'. SET 10 SX CMT PLUG @ SURFACE (DISPLACE BETWEEN PLUGS W/ 10# BRINE/ 25# GEL PER BBL MUD). ND BOP & RD PU.

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

SIGNATURE [Signature] TITLE SUMMER ENGINEER DATE 07-01-97

TYPE OR PRINT NAME DOUG PARKHURST

TELEPHONE NO. 915-685-1961

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY:

JCB

dp