

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. 30-025-22579
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. 34619
Lease Name or Unit Agreement Name Seeton
Well No. 1
Pool name or Wildcat Teague Paddock Blinbry (58300)

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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	
Name of Operator Arch Petroleum Inc.	
Address of Operator 300 N. Marienfeld, Suite 600 Midland, Texas 79701	
Well Location Unit Letter <u>G</u> : <u>990</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>21</u> Township <u>23S</u> Range <u>37E</u> NMPM <u>Lea</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3298' 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: Add Perfs ☒

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

<sup>12</sup>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.

It is proposed to:

- 1) Set CIBP @ 5300.
- 2) perforate 5160-5200' w/2 SPF w/4" HSC.
- 3) RIH w/pkr & test plug to 3000 PSI & csg to 1000PSI.
- 4) Acidize 5160-5200' w/1000 gallons 15% AS acid.
- 5) Swab back.
- 6) Frac w/45,000 gallons and 75,000# 16/30 sand.
- 7) Reverse out sand.
- 8) Run production equipment and return well to production,

Will file C-103 when CIBP is removed.

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 08-04-99

TYPE OR PRINT NAME Robin S. McCarley

TELEPHONE NO. (915) 685-8100

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE AUG 19 1999

CONDITIONS OF APPROVAL, IF ANY: