

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

API NO. (assigned by OCD on New Wells) 30-025-22909	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. 16233	
7. Lease Name or Unit Agreement Name E. C. HILL "A"	
8. Well No. 4	
9. Pool name or Wildcat Imperial Tubbs Drinkard	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3277' DF	

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			
1. Type of Well: OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input checked="" type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/>			
2. Name of Operator Arch Petroleum, Inc.			
3. Address of Operator 10 Desta Dr., Suite 420E, Midland, TX 79705			
4. Well Location Unit Letter J : 2310 Feet From The SOUTH Line and 2310 Feet From The EAST Line Section 27 Township 23S Range 37E NMPM LEA County			
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3277' DF			

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 ABANDON. ☐
CASING TEST AND CMT 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. Set CIBP @ 5950'
Dump 2 sx cmt on top.
Well TA'd

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

SIGNATURE Bobbie Brooks TITLE **Production Analyst**

DATE: 2/20/87

TYPE OR PRINT NAME **Bobbie Brooks**

TELEPHONE NO. **(915)685-1961**

APPROVED BY JERRY SEXTON TITLE **DISTRICT I SUPERVISOR**

CONDITIONS OF APPROVAL, IF ANY:

DATE

FEB 27 1987