

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. 30-025-24401
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name COOPER WN
8. Well No. 3
9. Pool name or Wildcat JALMAT TANSIL YATES SRQ GAS

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator ARCO Permian	
3. Address of Operator P.O. Box 1710, Hobbs, New Mexico 88240	
4. Well Location Unit Letter B : 660 Feet From The NORTH Line and 1980 Feet From The EAST Line Section 12 Township 24S Range 36E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3339 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 ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **ADD PERFS & STIMULATE** ☒

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.

TD: 3630' PBD: 3450' PERFS 2910-3344'

03/29/95:

PERF JALMAT INTERVAL 2910-3344', ADDING 17 SHOTS. STIMULATED WELL W/3700 GALS 7-1/2% HCL.
FRAC W/208 TONS CO2 AND 256-380# 12/20 SAND W/44,660 # 12/20 RESIN.

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

SIGNATURE Kellie D. Murrish TITLE ADMINISTRATIVE ASSISTANT DATE 05/23/95

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 391-1649

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE **MAY 25 1995**

CONDITIONS OF APPROVAL, IF ANY:

Dmjp

RECEIVED

11 24 1955
OLD FIELDS
OFFICE