

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.  
**30-025-26630**

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

**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  
**ARCO Oil and Gas Company**

7. Lease Name or Unit Agreement Name  
**W.B. GUTHRIE WN**

3. Address of Operator  
**P.O. Box 1710, Hobbs, New Mexico 88240**

8. Well No.  
**3**

4. Well Location  
Unit Letter **J** : **1980** Feet From The **SOUTH** Line and **1980** Feet From The **EAST** Line

9. Pool name or Wildcat  
**JALMAT TANSIL YATES SRQ**

Section **34** Township **23S** Range **36E** NMPM LEA County  
10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
**3380' 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.

**TD 3750' PBD 3050' PERFS 3082-3288'**

**TIH TO CIBP @ 3050'. CIRC HOLE W/9.5 BRINE WATER. SPOT 5 SACKS CLASS H CMT ON TOP OF CIBP.  
SPOT 40 SACKS CLASS H CMT FROM 1380' TO 1100' ACROSS TOP OF SALT AND BTM OF SURF CSG.  
SPOT 10 SACKS OF CLASS H CMT AT SURF. CUT OFF HEADS, WELD ON DRY HOLE MARKER, CLEAN LOCATION.**

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

SIGNATURE Kellie D. Murrish TITLE RECORDS CLERK II DATE 05/04/94  
TYPE OR PRINT NAME KELLIE D. MURRISH TELEPHONE NO. (505)391-1449

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAY 03 1994  
CONDITIONS OF APPROVAL, IF ANY: