

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**

3. Address of Operator

**P.O. Box 1710, Hobbs, New Mexico 88240**

8. Well No.

**3**

9. Pool name or Wildcat

**JALMAT TANSIL YATES SRQ**

4. Well Location

Unit Letter **J** : **1980** Feet From The **SOUTH** Line and **1980** Feet From The **EAST** Line

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: **TEMPORARILY ABANDON** ☒

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 3312' PERFS 3082-3288'**

**03/08/94**

**SET CIBP @ 3050'**

**TA PROCEDURES WITNESSED BY GARY WINK/NMOCC CHART ATTACHED**

This Approval of Form C-103 is hereby  
granted to the undersigned on the date of 12-9-94.

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 **04/07/94**

TYPE OR PRINT NAME **KELLIE D. MURRISH**

TELEPHONE NO. **(505)391-1449**

(This space for State Use)

APPROVED BY

TITLE

DATE

**APR 11 1994**

CONDITIONS OF APPROVAL, IF ANY: