

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.
30-025-26881

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 Permian

8. Well No.
3

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

9. Pool name or Wildcat
Langlie Mattix SRQ Grbg

4. Well Location
Unit Letter O : 660 Feet From The S Line and 1980 Feet From The E Line

Section 1 Township 24S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3344.6' GL

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: 3367' CURRENT PERFS: 3396-3563' (Langlie Mattix)

This well is presently TA'd with a CIBP @ 3367'. Propose to permanently abandon the Langlie Mattix Pool by placing 35' of cement on top of the CIBP. Then, recompleting to the Jalant Gas Pool within the interval 2850-3367', and stimulating.

~~erosoft Corp.~~

~~This well is presently TA'd with a CIBP @ 3367'. Propose to permanently abandon the Langlie Mattix Pool.~~
~~Field Administrative Assistant~~

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

SIGNATURE Kellie D. Murrish TITLE 02/25/97 Admin. Asst. DATE Kellie D. 02-25-97
TYPE OR PRINT NAME Murrish KELLIE D. MURRISH TELEPHONE NO. 394-1649

(This space for State Use)
ORIGINAL DATED BY JERRY SEXTON
SIGNATURE SUPERVISOR

APPROVED BY _____ TITLE _____ DATE FEB 27 1997
CONDITIONS OF APPROVAL, IF ANY: