

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-025-29844

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.)

7. Lease Name or Unit Agreement Name
G.W. TOBY GAS WN

1. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator

ARCO Permian

8. Well No.

7

3. Address of Operator

P.O. Box 1089 Eunice, NM 88231

9. Pool name or Wildcat

JALMAT TANSIL YATES SRO

4. Well Location

Unit Letter **G** **1980** Feet From The **N** Line and **1980** Feet From The **E** Line

Section **13** Township **24S** Range **36E** NMPM **LEA** County

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

3324.7' RKB

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: **RECOMPLETION** ☒

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: 3850' PBD: 3510' PERFS: 2999-3379'

07/08/97: SET CIBP @ 3510' W/35' CMT TO ISOLATE LANGLIE MATTIX PERFS. RAN
30 MIN CHART ATTACHED.

07/09/97: PERF JALMAT INTERVAL 2999-3379, .40" HOLE SIZE, 32 SHOTS TOTAL.
STIMULATED W/3200 GALS HCL & FRAC W/170,820# 12/20 SAND AND 110 TONS CO2.

07/21/97: SET 2-3/8" TBG @ 3271.85'

07/31/97: IN 24 HRS FLOWED 72 MCF, 0 BO, 0 BW.

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 08/01/97

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 505-394-1649

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE SEP 83 1997

CONDITIONS OF APPROVAL, IF ANY:

Chris Williams

CP