

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.
30-025-29844

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
G.W. Toby

8. Well No.
7

9. Pool name or Wildcat
Langlie Mattix SRQ Grbg

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

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

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: ☐

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: 3805' CURRENT PERFS: 3520-3792' (Langlie Mattix)

Propose to abandon the Langlie Mattix Pool with a CIBP and 35' of cmt. Recomplete to the
Jahmat Gas Pool within the interval 2950-3450', and stimulate.

~~WN-WII~~

~~Propose to ab^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)

FEB 27 1997

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: