

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.

5. Indicate Type of Lease

Federal

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

Arch Petroleum Inc.

3. Address of Operator

10 Desta Dr., suite 420 East, Midland, Texas

4. Well Location

Unit Letter I : 330 Feet From The East Line and 2310 Feet From The South Line

Section 34

Township 23-S

Range 37-E

NMPM Lea

County

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

3256 GR

7. Lease Name or Unit Agreement Name

E.C. Hill "D" Federal

8. Well No.

6

9. Pool name or Wildcat

Teague Devonian and South
Teague Abo

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: Downhole Commingling ☐

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.

- 4-23-90 Pursuant to DHC-758, pulled 2 3/8" tubing and 4 1/2" retrievable bridge plug separating the Devonian and Abo zones.
4-24-90 Ran 2 3/8" production tubing, 2" x 1 1/2" x 22' pump, 76 rod string and put well on pump.
5-08-90 24 hour potential test: 18.5 B0 + 7.1 BW + 86 MCFD.

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

SIGNATURE

Dan Miller

TITLE Operations Manager

DATE 5-16-90

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 05 1990