

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. 30-025-31514
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name WHITE FANG
8. Well No. 1
9. Pool name or Wildcat JUSTIS ABO

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator ARCO Permian	
3. Address of Operator P.O. Box 1710, Hobbs, New Mexico 88240 P.O. Box 1089, Edwilla N.M. 88231	
4. Well Location Unit Letter M : 456 Feet From The S Line and 950 Feet From The W Line Section 30 Township 25S Range 38E NMMP LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3066' KB	

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: 8925' PERFS: 6274-6353'

SET CIBP @ 6175' W/35' OF CMT ON TOP. TA PERFORMED 04/30/97. CHART ATTACHED
~~D: r X ^ + N E + F [Field Administrative Assistant]~~

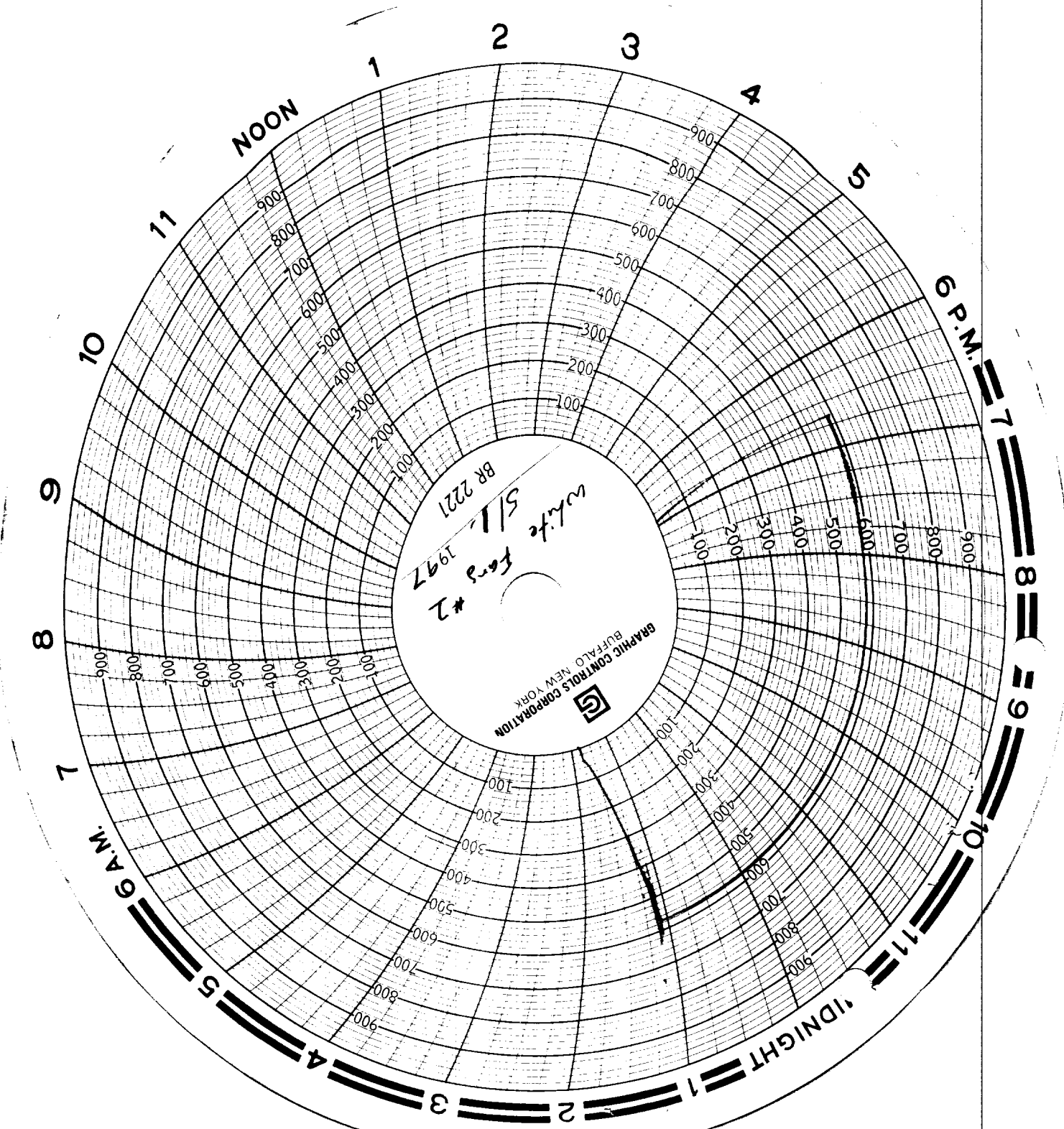
This Approval of Temporary
Abandonment Expires

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

SIGNATURE Kellie D. Murrish TITLE 05/09/97 Admin Asst DATE Kellie D. 5-9-97
TYPE OR PRINT NAME Murrish, Kellie D TELEPHONE NO. 505-394-1649

(This space for State Use)

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





K2 Trans.
Unit: 56
Oper: FRED
WAT- J ang #1
HRCO 10/1/1997