

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-33324
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No. 16233
Lease Name or Unit Agreement Name E. C. Hill "A"
Well No. 6
Pool name or Wildcat Teague Paddock Blinberry
Well Location Unit Letter O 330 Feet From The South Line and 2310 Feet From The East Line Section 27 Township 23S Range 37E NMPM Lea County
Elevation (Show whether DF, RKB, RT, GR, etc.) 3268' GR

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.)

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

Name of Operator
Arch Petroleum Inc.

Address of Operator
P. O. Box 10340, Midland, TX 79702-7340

Well Location
Unit Letter O 330 Feet From The South Line and 2310 Feet From The East Line
Section 27 Township 23S Range 37E NMPM Lea County

Elevation (Show whether DF, RKB, RT, GR, etc.)
3268' GR

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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 ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Workover Existing Formation ☒

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.

02/23/00 Set CIBP @ 5250'. Perf Upper Paddock 5127'-50' (2JSPF).
02/24/00 Test CIBP to 3000# ok. Acdz 5127'-50' w/ 1000 gals 15% NeFe HCL.
02/25/00 Swab.
02/26/00 Frac 5127'-50' w/ 39,340# Ottawa sd + 5,500# 16/30 SLC sd.
02/27/00 RIH w/ production equipment & return well to production.

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

SIGNATURE Cathy Tomberlin TITLE Operation Tech DATE 03-10-00

TYPE OR PRINT NAME Cathy Tomberlin TELEPHONE NO. 915-685-8100

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: