

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		API NO. (assigned by OCD on New Wells) 30-025-33324
1. Type of Well: OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input checked="" type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Arch Petroleum, Inc.		6. State Oil & Gas Lease No. 16233
3. Address of Operator 10 Desta Drive, Suite 420E, Midland, Texas 79705		7. Lease Name or Unit Agreement Name E. C. HILL "A"
4. Well Location Unit Letter O : 330 Feet From Th SOUTH Line and 2310 Feet From The EAST Line Section 27 Township 23S Range 37E NMPM LEA County		8. Well No. 6
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3268' GR		9. Pool name or Wildcat TEAGUE BLINEBRY

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>
OTHER: CHANGE WELL NUMBER <input checked="" type="checkbox"/>	OTHER: <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDON. <input type="checkbox"/>

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.

THE WELL NUMBER ON THE ABOVE IS TO BE CHANGED FROM WELL 4 TO
WELL NUMBER 6. ALL OTHER INFORMATION REMAINS THE SAME.

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

SIGNATURE Bobbie Brooks TITLE PRODUCTION ANALYST DATE: 3/18/96
TYPE OR PRINT NAME BOBBIE BROOKS TELEPHONE NO (915)685-1961

APPROVED BY Paul Kante TITLE Geologist DATE MAR 21 1996
CONDITIONS OF APPROVAL, IF ANY:

