

Submit 3 Copies
to Appropriate

District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

| | |
|---|--|
| API NO. (assigned by OCD on New Wells) 30-025-33448 | |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> | |
| 6. State Oil & Gas Lease No. 16232 | |
| 7. Lease Name or Unit Agreement Name E. C. HILL "B" | |
| 8. Well No. 6 | |
| 9. Pool name or Wildcat TEAGUE BLINEBRY <i>3/1/97 R-10776</i> | |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3267' | |

| | |
|--|--|
| 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.) | |
| 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"/> | |
| 2. Name of Operator Arch Petroleum, Inc. | |
| 3. Address of Operator 10 Desta Dr., Suite 420E, Midland, TX 79705 | |
| 4. Well Location Unit Letter K : 1340 Feet From The SOUTH Line and 2310 Feet From The WEST Line Section 27 Township 23S Range 37E NMPM LEA County | |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3267' | |

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"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> | PLUG AND ABANDON. <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | | CASING TEST AND CMT JOB <input checked="" type="checkbox"/> | |
| OTHER: <input type="checkbox"/> | | OTHER: <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.

9/6/96 Drilled 11" hole to 1131', ran 33 jts. of 8 5/8", 28#, ST&C used casing. BJ cemented with 150 sx, class H w/10% CaCO₄, 1% CaCl₂, 10# gilsonite, 550 sx CL "C" 4% gel, 1/2#/sx flocele, 3# Kolseal/sx, & 2% CaCl, , tail w/100 sx CL "C" w/2% CaCl₂. Did not circulate. Ran 1" pipe dn. backside. Tag cement @ 60'. Cement thru 1" w/130 sx CL "C" w/2% CaCl. Circ. 30 sx. cement.

9/9/96 Drilled 7 7/8" hole to 5940'. Ran 152 jts. of 5 1/2", 17#, N80 LT&C used casing. BJ cemented lead/w150 sx CL: "H" w/10% CaSO₄, & 10# gilsonite/sx, & 910 sx CL "C" 50/50 POZMIX, 10% gel, & 5# salt/sack. Tail w/450 sx CL "C" 50/50 POZMIX, 2% gel, 5# salt/sack, & 0.4% FL-62., Circ. 200 sacks.

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: **10/4/96**

TYPE OR PRINT NAME **Bobbie Brooks**

TELEPHONE NO. **(915)685-1961**

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY: _____

DATE

OCT 08 1996