Submit 3 Copies	State of New Mexico		Form C-103
to Appropriate District Office	Ene Minerals and Natural Resource	es Department	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION [	DIVISION	WELL API NO.
	2040 Pacheco St. Santa Fe, NM 87505		30-025-35138
P.O. Drawer DD, Artesia, NM 88210			sIndicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE FEE 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.)		7Lease Name or Unit Agreement Name	
Type of Well: OIL GAS			Travis
WELL WELL ANAME OF Operator	OTHER		₂Well No.
Arch Petroleum Inc. Address of Operator		141	5
P. O. Box 10340, Midland, TX 79	702-7340		Pool name or Wildcat Teague Paddock Blinebry
√Well Location Unit Letter J 1650	Feet From The South Line	and 1330	Feet From The East Line
			Feet From TheEast Line
Section 21	Township 23 Range 10Elevation (Show whether DF, RKB, RT	37 T, GR, etc.)	NMPM Lea County
	3295' GR		and the second
	ppropriate Box to Indicate Nature		
		SUBS	SEQUENT REPORT OF:
		DIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		MENCE DRILLING O	
OTHER:			
			urface & Production Casing
work) SEE RULE 1103.	ns (Clearly state all pertinent details, and give pertiner	nt dates, including es	timated date of starting any proposed
(0) 0945 hrs CDT 08/27/00. Ran	25 jts 8-5/8" 24# J-55 ST&C csg. TPGS CaCl2 @ 14.8 ppg. Plug down @ 1530	@ 1115'. BJ ci	). Drld 12-1/4" hole to 1115'. TD reached mt'd w/ 575 sks 35:65 POZ @ 12.8 ppg irc 125 sks to surface. WOC 20-1/2 hrs.
15.5# J-55 ST&C csg. Float sho + .75% CD32 @ 14.09 ppg. Cm	e @ 5930'. Float collar @ 5883'. DV too	ol @ 4043'. BJ ( 2 4 ppg followed	ged well w/ Baker Atlas. Ran 137 jts 5-1/2" cmt'd 1st stage w/ 525 sks "C" + .15% FL52 I by 200 sks "C" Neat @ 14.8 ppg. Plug Id on WH. CBL ran 10/07/00. TOC @
I hereby certify that the information above i	true and complete to the best of my knowledge and t	pelief.	
SIGNATURE athy	bert. TITLE OF	eration Tech	DATE 11-10-00
TYPE OR PRINT NAME Cathy Tomberlin			TELEPHONE NO. 915-685-8100

(This space for State Use	)
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APPROVED BY \_\_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_ DATE \_\_\_\_\_ DATE

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