Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

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

WELL API NO.
30-025-11208

5 Indicate Type of Lease
STATE ☒   FEE ☐

6 State Oil & Gas Lease No.
14923

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.)

7 Lease Name or Unit Agreement Name

Plains Knight

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

2 Name of Operator
Arch Petroleum Inc.

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

8 Well No.
2

9 Pool name or Wildcat
Fowler Abo

4 Well Location

Unit Letter N : 660 Feet From The South Line and 1830 Feet From The West Line

Section 23   Township 24S   Range 37E   NMPM   Lea County

10 Elevation (Show whether DF, RKE, RT, GR, etc.)
3207' GR

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 ANBANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Commingle Tubb, Abo & Yeso ☒

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.

12/07/99 TOH w/ tbg & Loc-Set pkr @ 6228'.

12/08/99 RIH w/ rods & pump

12/09/99 Well turned over to production. Well commingled per Administrative Order DHC-2514.

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 04-11-00

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: