

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-025-11282

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. 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.)

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

2. Name of Operator
ARCO Permian

3. Address of Operator
P.O. Box 1710, Hobbs, New Mexico 88240

7. Lease Name or Unit Agreement Name
W.H. HARRISON A WN COM

8. Well No.
2

9. Pool name or Wildcat
JALMAT TANSIL YATES SRQ (GAS)

4. Well Location
Unit Letter D : 660' Feet From The NORTH Line and 660' Feet From The WEST Line
Section 29 Township 24S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3290' 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 ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. Describe Proposed or Completed Operation (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD: 3650' PBD: 3335' PERFS: 2920-3333'

05/12/94

PERF JALMAT 2920,2983,3050,3155,3221,3279,3304'

ALSO RESHOT @ 2931,2936,2941,2951,2965,2970' (BECAUSE OF CMT SQUEEZE)

STIMULATED W/3100 GALS, 7-1/2% HCL FRAC W/146,620# 12/20 SAND AND 44,240# RESIN COATED 12/20 SAND, 118 TONS CO2.

SQUEEZED W/450 SX CLASS C NEAT CIRC TO SURF.

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

SIGNATURE Kellie D. Murrish TITLE Records Clerk II DATE 08/16/94

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 391-1649

(This space for State Use)

ORIGINAL SIGNED BY DISTRICT ATTORNEY

APPROVED BY _____ TITLE _____ DATE AUG 16 1994
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

AUG 17 1963

OGD RECORDS
OFFICE