

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

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

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

WELL API NO.  
30-025-11552

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.)

7. Lease Name or Unit Agreement Name

Eaton B-1 WN

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

2. Name of Operator  
ARCO OIL AND GAS COMPANY

8. Well No.  
1

3. Address of Operator  
P. O. Box 1610, Midland, Texas 79702

9. Pool name or Wildcat  
Justis - Glorieta gas

4. Well Location  
Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line  
Section 12 Township 25S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Propose to P&A as follows:

Plug	Interval	Cmt	Remarks
1	4665-4700	5sx	CIBP set at 4700'. Circ hole w/MLF. Spot 35' cmt on CIBP.
2	3615-3650	5sx	CIBP at 3650 w/35' cmt.
3	2580-2680	10sx	Spot
4	970-1070	10sx	Spot
5	0-350	275sx	Perf 5-1/2 & 8-5/8 at 350. Extab circ. cmt. 5-1/2, 5-1/2 x 8-5/8, 8-5/8 x 13-3/8.

Cut off WH & install dry hole marker.

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

SIGNATURE Ken W. Gosnell TITLE Regulatory Coordinator DATE 2-12-92

TYPE OR PRINT NAME Ken W. Gosnell 915/688-5672 TELEPHONE NO.

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

APR 12 1992