

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

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30-025-11570
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Learcy McBuffington
Well No. 9
Pool name or Wildcat Langlie Mattix 7 Rvrs Queen GB

**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.)

Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER

Name of Operator  
Arch Petroleum Inc.

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

Well Location  
Unit Letter K : 1650 Feet From The South Line and 1980 Feet From The West Line  
Section 13 Township 25S Range 37E NMPM Lea County

Elevation (Show whether DF, RKB, RT, GR, etc.)  
3078'

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: Add Perfs ☒

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.

10/27/99 TOH w/ prod tbg.  
10/28/99 Spot 25 sks CI "C" + 2% CaCl2 cmt plug f/ 6277'-6127'. Spot 25 sks CI "C" + 2% CaCl2 cmt plug f/ 5045'-4900'.  
Run CBL log.  
10/29/99 Set CIBP @ 3298'. Perf Queen 3135'-3165' - 2SPF.  
10/30/99 Acdz w/ 1000 gals 15% NeFe HCL.  
10/31/99 Swab test. Well temp SI.  
11/13/99 Frac w/ 88,000# 16/30 mesh sand & 5500# 100 mesh sand.  
11/15/99 Swab test.  
11/18/99 RIH w/ rods & pump.

Well temporarily SI.

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 12-22-99

TYPE OR PRINT NAME Cathy Tomberlin TELEPHONE NO. 915-685-8100

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JAN 27 1999

CONDITIONS OF APPROVAL, IF ANY:

2A Central Justis Abo

