STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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# OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

5a. Indicate Type of Lease: State [ ] Fee [X]

5. 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. Unit Agreement Name

1. OIL WELL [X] GAS WELL [ ] OTHER-

8. Farm or Lease Name: Wimberly WN

2. Name of Operator: ARCO Oil and Gas Company
Division of Atlantic Richfield Company

9. Well No.: 6

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

10. Field and Pool, or Wildcat: Justis Fusselman

4. Location of Well
UNIT LETTER D, 660 FEET FROM THE North LINE AND 990 FEET FROM THE West LINE, SECTION 24 TOWNSHIP 25S RANGE 37E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.): 3082.7' GR

12. County: Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|---|---|---|---|
| PERFORM REMEDIAL WORK [ ] | PLUG AND ABANDON [ ] | REMEDIAL WORK [ ] | ALTERING CASING [ ] |
| TEMPORARILY ABANDON [ ] | CHANGE PLANS [ ] | COMMENCE DRILLING OPNS. [ ] | PLUG AND ABANDONMENT [ ] |
| PULL OR ALTER CASING [ ] | | CASING TEST AND CEMENT JOB [ ] | |
| OTHER Add Perfs, Treat, Install Rod Pump [X] | | OTHER [ ] | |

17. 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 add perforations in Fusselman zone, treat, install artificial lift equipment in the following manner:

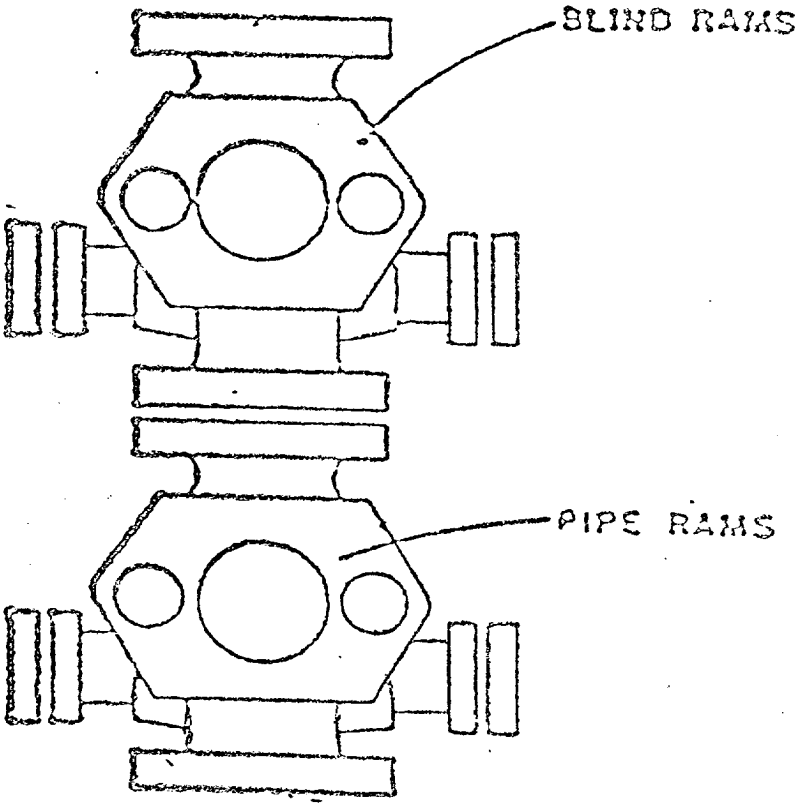
1. RU, kill well, install BOP & POH w/compl assy.
2. Perf additional Fusselman w/1 JS @ 6792, 97, 6812, 19, 21'.
3. Treat perfs 6792-6821' w/500 gals 15% HCL-NE acid, flush w/2% KCL wtr.
4. Swab back load, install pumping equipment, run tbg, rods & pump, return to production.

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

SIGNED [signature] TITLE Dist. Drlg. Supt. DATE 1/8/80

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:




ATLANTIC RICHFIELD COMPANY
Blow Out Preventer Program

Lease Name Wimberly WN

Well No. 6

Location 660' FNL & 990' FWL
Sec 24-25S-37E, Lea County

BOP to be tested before installed on well and will be maintained in good working condition during drilling. All wellhead fittings to be of sufficient pressure to operate in a safe manner.