

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Encl., 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.	30-025-20130
5. Indicate Type of Lease	FEDERAL <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	NMLC-032511D

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name JAL FEDERAL
2. Name of Operator ARCO OIL AND GAS COMPANY	8. Well No. 2
3. Address of Operator BOX 1710, HOBBS, NEW MEXICO 88240	9. Pool name or Wildcat JUSTIS BLINEBRY/TUBB DRINKARD
4. Well Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>2310</u> Feet From The <u>EAST</u> Line Section <u>11</u> Township <u>25S</u> Range <u>37E</u> NMPM <u>LEA</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3121' 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 Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

SOC TREATMENT FOR SCALE

12/26/91 RIG UP KILL TRUCK. PRESSURE TBG TO 300#. PUMPED 1000 GALS 15% NEFE HCL INHIBITED ACID DOWN CSG, FLUSHED w/50 BBL 2% KCL WATER. PUMPED 46 BBL SOC TREATMENT DOWN CSG, FLUSHED w/150 BBL 2% KCL WATER. TREATING PRESSURE - VACUUM @ 4 BPM. RDMO. SHUT IN WELL OVERNIGHT.

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

SIGNATURE James D. Cogburn TITLE Operations Coordinator DATE 12/27/91
TYPE OR PRINT NAME James D. Cogburn TELEPHONE NO. 392-1600

(This space for State Use)

FOR RECORD ONLY

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