

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.<br>30-025-20139                                                             |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                             |
| 7. Lease Name or Unit Agreement Name<br>Ida Wimberley                                    |
| 8. Well No.<br>16                                                                        |
| 9. Pool name or Wildcat<br>Justis Blinebry<br>Langlie Mattix SR-Qn-GB                    |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3067 GR                            |

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:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 2. Name of Operator<br>ARCO OIL AND GAS COMPANY | 3. Address of Operator<br>P. O. Box 1610, Midland, Texas 79702 | 4. Well Location<br>Unit Letter F : 1650 Feet From The West Line and 2310 Feet From The North Line<br>Section 25 Township 25S Range 37E NMPM Lea County |
| 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.

- 12-28-92. Blinebry 2 7/8" LT: Set 2 7/8" CIBP at 4978' & dmp'd 35' cmt on top. Spot 4 sx (100') cmt f/2900-3000'.  
SR-Qn 2 7/8" UT: Spot 4 sx (100') cmt f/4900-5000'. Set CIBP at 2940' & dmped 35' cmt on top.
- 12-30-92. RUPU. Tag cmt plug in Blinebry LT at 2920. Jet cut SR-Qn Ut at 1850 & POH. Back off Blinebry LT at 1867. Circ hole w/10.4# 34 vis MLF. Spot 250 sx "C" cmt in OH f/1750-1867'. WOC.
- 12-31-92. Tag toc at 1678. Spot 170 sx "C" cmt f/700-906'. WOC 1 1/2hrs. tag toc at 490. Spot 15 sx "C" cmt f/0-68. CO WH & csg. Installed dry hole marker, P&A'd 12-31-92.

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 1-21-93

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

(This space for State Use)

APPROVED BY Charles P. ... TITLE OIL & GAS INSPECTOR DATE MAR 05 1993

CONDITIONS OF APPROVAL, IF ANY: