

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Env. 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 APN NO. 30-025-22129
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. NMJ-540
7. Lease Name or Unit Agreement Name EATON SW JH
8. Well No. 9
9. Pool name or Wildcat JUSTIS BLINBRY

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 ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator ARCO OIL AND GAS COMPANY
3. Address of Operator BOX 1710, HOBBS, NEW MEXICO 88240
4. Well Location

Unit Letter L : 2310 Feet From The SOUTH Line and 330 Feet From The WEST Line

Section 12 Township 25S Range 37E NMTM LEA County

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

3140' 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: SHUT-IN ☒

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.

3/22/90 WELL SI PENDING DETERMINATION OF SUBSURFACE OWNERSHIP

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

SIGNATURE James D. Cogburn TITLE Administrative Supervisor DATE 9/7/90

TYPE OR PRINT NAME James D. Cogburn TELEPHONE NO. 392-3551

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

10 1990