

Submit 3 Copies
to Appropriate
District Office

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2008

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

WELL API NO.

30-025-22204

5. Indicate Type of Lease

STATE ☒ FEB ☐

6. State Oil & Gas Lease No.

NMJ-540

7. Lease Name or Unit Agreement Name

Eaton SW J. H.

8. Well No.

10

9. Pool Name or Wildcat

Justis Blinberry

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR 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

P.O. Box 1610, Midland, Texas 79702

4. Well Location

Unit Letter N : 500 Feet From The South Line and 1650 Feet from The West Line

Section 12

Township 25S

Range 37E

NMPM Lea

County

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

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 Operation (Clearly state all pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

6-28-91. RUPU. Unable to pull stuck tbq.chem cut at 5110. Fish w/no success. Set CIBP at 5050. RDPU.

9-03-91. RUPU. Isolated holes in casing f/surf-1009. Holes in 8-5/8 csg at surf. Spot 375 sx "H" f/1039-surf. Circ cmt out 5-1/2 x 8-5/8 and 8-5/8 x ground. WOC. tag TOC at 70'. DO cmt 1050. Press test csg w/no success. Spot 100' C1 "H" cmt f/3630-3530. Pkr fluid f/3530-2200. Spot 100' cmt f/2290-2190 (BOS). Pkr fluid f/2190-1000. Spot cmt f/1050-surf. RDPU

9-10-91. Temporarily Abandon.

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

1-13-91

TYPE OR PRINT NAME

Ken W. Gosnell

TELEPHONE

(915) 688-5672

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS FOR APPROVAL, IF ANY:

This Approval of Temporary
Abandonment Expires 1-13-96

MAR 23