

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-22673
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No. 26680
Lease Name or Unit Agreement Name Bertha
Well No. 2
Pool name or Wildcat Fowler; Upper Yeso

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator Arch Petroleum Inc.	
Address of Operator 300 North Marienfeld, Suite 600 Midland, Texas 79705	
Well Location Unit Letter <u>M</u> : <u>510</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>23</u> Township <u>24S</u> Range <u>37E</u> NMPM <u>Lea</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3327' RKB	

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 ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Add Perforations and acidize ☒

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.

06/30/99

POH w/production equipment.
Set CIBP @ 5125'. Tested to 3000#.
Perforated 5086-5110' w/2 JSPF.
Acidized perforations w/1000 gallons 15% HCL.
Well went on vacuum.
RIH w/rds & pump.

07/03/99

Put well on production.

Will file additional C103 when CIBP is removed.

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

SIGNATURE Robin S. McCarley TITLE Production Tech. DATE 08-10-99
TYPE OR PRINT NAME Robin S. McCarley

(This space for State Use)

TELEPHONE NO. (915) 685-8100

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

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

AUG 18 1999

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WELL API NO.
30-025-22673

Indicate Type of Lease

STATE ☐

FEE ☒

State Oil & Gas Lease No.
26680

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(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.)

Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

Name of Operator
Arch Petroleum Inc.

Well No.
2

Address of Operator
300 North Marienfeld, Suite 600 Midland, Texas 79705

Pool name or Wildcat
Fowler; Upper Yeso

Well Location

Unit Letter M : 510 Feet From The South Line and 660 Feet From The West Line

Section 23 Township 24S Range 37E NMPM Lea County

Elevation (Show whether DF, RKB, RT, GR, etc.)
3327' RKB

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NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Add Perforations ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

It is proposed to:

- 1) Set CIBP @ 5125' plugging off existing perforations.
- 2) Test CIBP to 3000 PSI.
- 3) Perforate 5086-5110' w/2 SPF.
- 4) Acidize perforations w/1000 gallons 15% HCL acid.
- 5) Reverse out acid.
- 6) Run pumping equipment and produce from new perms for undetermined time.

Will file new C-103 when CIBP is removed.

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

SIGNATURE

Robin S. McCarley

TITLE Production Tech.

DATE 07-13-99

TYPE OR PRINT NAME Robin S. McCarley

TELEPHONE NO. (915) 685-8100

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUL 15 1999