

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		API NO. (assigned by OCD on New Wells) <b>30-025-24927</b>
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> <b>INJECTION WELL</b>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>Arch Petroleum, Inc.</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>777 Taylor St., Suite II-A, Ft. Worth, Texas 76102</b>		7. Lease Name or Unit Agreement Name <b>WEST DOLLARHIDE DEVONIAN UNIT</b>
4. Well Location Unit Letter <b>H</b> Section <b>32</b> Township <b>24S</b> Range <b>38E</b> Line and <b>450</b> Feet From The <b>EAST</b> Line County <b>LEA</b>		8. Well No. <b>119W</b>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3164' GR</b>		9. Pool name or Wildcat <b>DEVONIAN</b> <i>Dollarhide</i>

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDON. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CMT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

POH WITH INJECTION PACKER & IPC TBG. GIH WITH RBP AND PACKER ON WORKSTRING AND TEST CSG. GIH W/BIT & DC'S. TAG FILL 80' ABOVE PERFS. C/O TO 7948', CIRC. CLEAN. CATCH SAMPLES OF SCALE. POH WBIT. GIH W/TREATING PKR. TREAT W/4,000 GAL 15% NEFE IN 4 EQUAL STAGES SEPARATED BY GRS IN 10# GBW. BLOCK ACTION 400# MAX. AIR 4.4BPM AT 1900#. ISIP 1100#. BLWTR 190 BBLs. SWAB TOTAL OF 109 BBLW. POH W/PKR & WORKSTRING. GIH W/BAKER MOD. 'A2' LOK-SET. SET W/ON-OFF TOOL & 1.5" PROFILE NIPPLE. HYDROTEST 2 3/8" IPC TBG. TO 5000#. SET PKR. @ 7516' RLSE. ON-OFF TOOL & CIRC. PKR. FLUID. TEST CSG. TO 500 # FOR 30 MINS. W/CHART. OK. RETURN TO INJECTION. NOTIFIED OCD IN HOBBS OF PACKER TEST. OCD REPRESENTATIVE UNABLE TO WITNESS.

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

SIGNATURE Bobbie Brooks TITLE Prod. Analyst DATE: 3/10/95

TYPE OR PRINT NAME: BOBBIE BROOKS TELEPHONE NO. (915)685-1961

**ORIGINAL SIGNED BY JERRY SEXTON**

APPROVED BY DISTRICT I SUPERVISOR TITLE  DATE MAR 16 1995

CONDITIONS OF APPROVAL, IF ANY:

