

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. 300252781900
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name WIMBERLY WN
8. Well No. 12
9. Pool name or Wildcat LANGLIE MATTIX 7R QN GB

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 D : 330 Feet From The NORTH Line and 330 Feet From The WEST Line Section 24 Township 25S Range 37E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3089.4 GL	

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: RUN TUBING IN HOLE ☒

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.

RE: Temporary Approval to Produce Without Tubing dated August 11, 1982

TD - 3442 PBD - Perfs 3016-3196'
Surface Casing 8-5/8" @ 749'
Prod Casing 5-1/2" 15-1/2" @ 3442'

On 11-1-89 MIRU. Kill well w/10 bbls of 2% KCL water. Install Lufkin well head
8-5/8" 8rd x 5-1/2" 8rd. Install BOP. RIH w/tbg + SN. Rig down. Tag fill at 3196'.

1 - 2-1/16" 10rd SN. 1,312 SID. 1.00
96 - 2-1/16" 10rd IJ N-80 Tbg. 3174.54'

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

SIGNATURE James D. Cogburn TITLE Services Supervisor DATE 11-2-89
TYPE OR PRINT NAME James D. Cogburn TELEPHONE NO. 392-3551

(This space for State Use)

Orig. Signed by,
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NOV 3 1989

RECEIVED

NOV 2 1989

OCD
HOSES OFFICE