

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

Submit 3 Copies
to Appropriate
District Office

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 87504-2008

WELL API NO.

30-025-31758

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Ida Wimberley

8. Well No.

18

9. Pool Name or Wildcat

Justis Tubb Drinkard

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 L : 1350 Feet From The South Line and 330 Feet from The West Line

Section 25 Township 25S Range 37E NMPM Lea County

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

3073 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) ☐

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

Spud 12-1/4 hole, 11-21-92. TD'd at 850. Ran 8-5/8 24# csg to 850. Cmt'd w/235 sx PSL "C" w/6% gel + 2% CC + 1/4# FC (yld 1.86) followed by 200 sx "C" w/2%CC + 1/4# FC (yld 1.32). Circ 51 sx to surf. WOC 16 hrs. Est comp strength 2000#. Press test csg to 1000# for 30 min. DA w/7-7/8 bit.

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

12-7-92

TYPE OR PRINT NAME

Ken W. Gosnell

TELEPHONE

(915) 688-5672

(This space for State Use)

ORIGINAL SIGNED BY JERRY LUTCH

DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS FOR APPROVAL, IF ANY: