

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.

30-025-31779

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.

20

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 A : 990 Feet From The North Line and 950 Feet from The East Line

Section 26 Township 25S Range 37E NMPM Lea County

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

3064 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.

Propose to change location.  
 C-102 attached

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 11-20-92

TYPE OR PRINT NAME Ken W. Gosnell TELEPHONE (915) 688-5672

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
 DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 CONDITIONS FOR APPROVAL, IF ANY:

NOV 25 '92

Submit to Appropriate  
District Office  
State Lease - 4 copies  
Fee Lease - 3 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102  
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

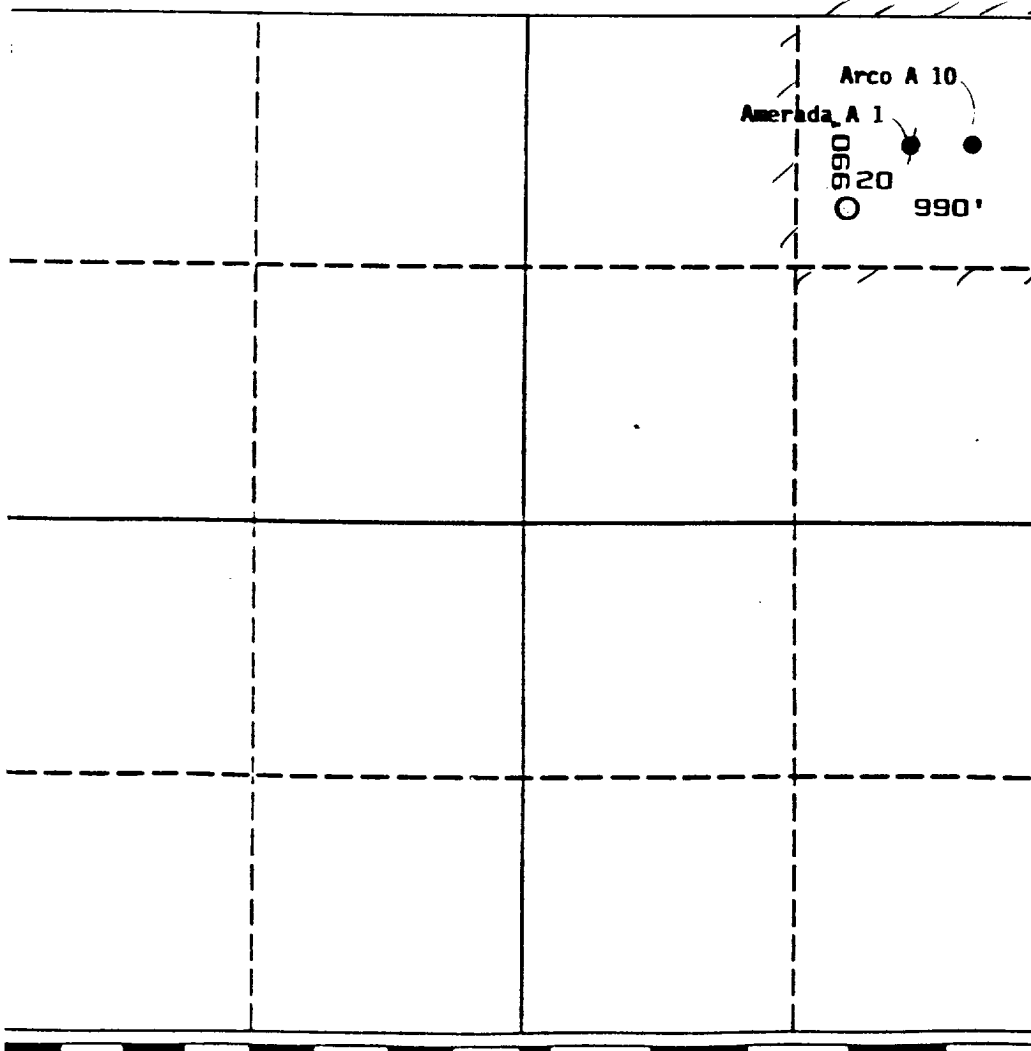
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator <b>ARCO OIL AND GAS COMPANY</b>		Lease <b>Ida Wimberley</b>		Well No. <b>20</b>	
Section Letter <b>A</b>	Section <b>26</b>	Township <b>25 S</b>	Range <b>37 E</b>	County <b>NMPM</b>	<b>Lea</b>
Actual Footage Location of Well <b>990</b> feet from the <b>North</b> line and <b>990</b> feet from the <b>East</b> line					
Ground level Elev <b>3064'</b>		Producing Formation <b>Tubb Dinkard</b>		Pool <b>Justis</b>	
				Dedicated Acreage <b>40</b> Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?  
☐ Yes ☐ No If answer is "yes" type of consolidation \_\_\_\_\_  
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)  
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature  
*Ken W. Gosnell*  
Printed Name  
**Ken W. Gosnell**  
Position  
**Regulatory Coordinator**  
Company  
**ARCO Oil & Gas Co.**

Date  
**11-20-92**

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

**Nov. 9, 1992**

Date Surveyed

Signature & Seal of  
Professional Surveyor

*[Signature]*  
Certificate No. **548**