State of New Mexico Form C-103 erals and Natural Resources Department Energy,. Revised 1-1-89 Submit 3 Copies to Appropriate WELL API NO. District Office OIL CONSERVATION DIVISION 30-025-31780 DISTRICT I P.O Box 2088 P.O. Box 1980, Hobbs, NM 88240 Santa Fe, New Mexico 87504-2008 5. Indicate Type of Lease DISTRICT II FEE STATE P.O. Drawer DD, Artesia, NM 88210 6. State Oil & Gas Lease No. DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS) Ida Wimberley 1. Type of Well: OIL WBLL other 2. Name of Operator 8. Well No 21 ARCO OIL and GAS COMPANY 3. Adress of Operator 9. Pool Name or Wildcat Justis Tubb Drinkard P.O. Box 1610, Midland, Texas 79702 4. Well Locaztion Unit Letter D : 890 Feet From The North 340 Feet from The West _ Line and ___ Line Township 25S NMPM Range County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3065 GR 11 Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** PLUG AND ABANDONMENT **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** (Other) (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 12 hrs. Est compressive strength 2000#. Press test csg to 1000# for 30 min. DA w/7-7/8 bit. 18 hereby certify that the information above is true and complete to the best of my knowledge and belief Regulatory Coordinator 12-7-92 DATE _ SIGNATURE TITLE (915) 688-5672 Ken W. Gosnell TELEPHONE TYPE OR PRINT NAME Orig. Signed by (This space for State Use)

TITLE

DEC I i ii

DATE

Paul Kautz Geologist