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.
30-025-32934

5. Indicate Type of Lease
STATE [X]   FEE [ ]

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name
STATE Y

1. Type of Well:
OIL WELL [ ]   GAS WELL [X]   OTHER

8. Well No.
11

2. Name of Operator
ARCO Permian

3. Address of Operator
P.O. Box 1710, Hobbs, New Mexico 88240

9. Pool name or Wildcat
LANGLIE MATTIX SRQ GRBG

4. Well Location
Unit Letter B : 405 Feet From The N Line and 2235 Feet From The E Line

Section 25   Township 25S   Range 37E   NMPM LEA   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3066'

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 [ ]

TEMPORARILY ABANDON [ ]   CHANGE PLANS [ ]   COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

PULL OR ALTER CASING [ ]   CASING TEST AND CEMENT JOB [ ]

OTHER: _____ [ ]   OTHER: NW COMPLETION [X]

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.

TD: 3350' PBD: 3292' PERFS: 3027-3267'

05/25/95: PERF LANGLIE MATTIX INTERVAL 3027-3267' W/36 SHOTS, 1 JSPF, .40 HOLE SIZE.
STIMULATE INTERVALL W/3600 GALS 15% MSR W/PPI TOOL. FRAC W/300,980# 12/20 SAND. TAIL IN
W/DOWELL PROP NET.

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

SIGNATURE _Kellie D. Murrish_   TITLE Administrative Assistant   DATE 06/19/95

TYPE OR PRINT NAME Kellie D. Murrish   TELEPHONE NO. 391-1649

(This space for State Use)

Orig. Signed by.
Paul Kautz
Geologist

JUN 21 1995

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: