

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.<br><b>30-025-33470</b>                                                                 |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                        |
| 7. Lease Name or Unit Agreement Name<br><b>IDA WIMBERLEY</b>                                        |
| 8. Well No.<br><b>22</b>                                                                            |
| 9. Pool name or Wildcat<br><b>WILDCAT</b>                                                           |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br><b>3060 GR</b>                                |

|                                                                                                                                                                                                                        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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:<br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER                                                                                                               |  |
| 2. Name of Operator<br><b>ARCO PERMIAN</b>                                                                                                                                                                             |  |
| 3. Address of Operator<br><b>P.O. BOX 1610, MIDLAND, TX 79702</b>                                                                                                                                                      |  |
| 4. Well Location<br>Unit Letter <b>F</b> : <b>1650</b> Feet From The <b>NORTH</b> Line and <b>1650</b> Feet From The <b>WEST</b> Line<br>Section <b>25</b> Township <b>25S</b> Range <b>37E</b> NMPM <b>LEA</b> County |  |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br><b>3060 GR</b>                                                                                                                                                   |  |

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 Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD'D 7 7/8 HOLE AT 6600, ON 07-09-96. RAN OH LOGS. RIH W/5 1/2 15.5# CSG TO 6600. CMT'D W/900 SX C + ADD(YLD 2.70) FOLLOWED BY 500 SX SUPER C + ADD(2.20) FOLLOWED BY 300 SX C + ADD(YLD 1.83). DID NOT CIRC CMT. RR 07-11-96. RAN TEMP SURVEY. TOC 975'.

07-15-96. RUPU. PERF ABO F/6512-6168. A W/9,000 GALS. RIH W/CA;5 1/2 PKR ON 2 3/8 TBG SET AT 6153. SWABED LOAD. RDPU 07-18-96.

08-05-96. IN 24 HRS FLOWED 199 MCF, 0 B0, 0 BW ON 22/64 CK & 480# FTP.

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

SIGNATURE *Ken W Gosnell* TITLE AGENT DATE 08-14-96

TYPE OR PRINT NAME KEN W. GOSNELL TELEPHONE NO. 915 688-5672

(This space for State Use)

ORIGINAL FILED BY JERRY SEXTON  
DISTRICT SUPERVISOR

**AUG 21 1996**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: