

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.  
**30-025-33470**

5. Indicate Type of Lease  
STATE ☐ 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.)

1. Type of Well:  
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator  
**ARCO PERMIAN**

3. Address of Operator  
**P.O. BOX 1610, MIDLAND, TX 79702**

7. Lease Name or Unit Agreement Name  
**IDA WIMBERLEY**

8. Well No.  
**22**

9. Pool name or Wildcat  
**WILDCAT**

4. Well Location  
Unit Letter **F** : **1650** Feet From The **NORTH** Line and **1650** Feet From The **WEST** Line  
Section **25** Township **25S** Range **37E** NMPM **LEA** County  
10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
**3060 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 Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

SPUD 12 1/4 HOLE 06-25-96. TD'D AT 1070. RAN 8 5/8 24# CSG TO 1070. CMT'D W/350 SX C W/2% CC + 1/4# CS(YLD 1.68) FOLLOWED BY 200 SX C W/2% CC(YLD 1.32).CIRC CMT TO SURF. WOC 12 HRS. EST COMP STRENGTH 1500#. 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 AGENT DATE 07-09-96

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

(This space for State Use)

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**JUL 12 1996**

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

CONDITIONS OF APPROVAL, IF ANY: