

Submit 3 Copies  
to Appropriate

District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		API NO. (assigned by OCD on New Wells) <b>30-025-33549</b>												
1. Type of Well: OIL _____ GAS _____ WELL <input checked="" type="checkbox"/> WELL <input type="checkbox"/> OTHER _____		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>												
2. Name of Operator <b>Arch Petroleum, Inc.</b>		6. State Oil & Gas Lease No. <b>14897</b>												
3. Address of Operator <b>10 Desta Drive, Suite 420E, Midland, Texas 79705</b>		7. Lease Name or Unit Agreement Name <b>Bertha</b>												
4. Well Location Unit Letter <b>M</b> : <b>800</b> Feet From Th <b>South</b> Line and <b>990</b> Feet From The <b>WEST</b> Line Section <b>23</b> Township <b>24S</b> Range <b>37E</b> NMPM <b>LEA</b> County		8. Well No. <b>5</b>												
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3214' GR</b>		9. Pool name or Wildcat <b>Tubb</b>												
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data														
<table border="0"><tr><td><b>NOTICE OF INTENTION TO:</b></td><td><b>SUBSEQUENT REPORT OF:</b></td></tr><tr><td>PERFORM REMEDIAL WORK <input type="checkbox"/></td><td>REMEDIAL WORK <input type="checkbox"/></td></tr><tr><td>TEMPORARILY ABANDON <input type="checkbox"/></td><td>ALTERING CASING <input type="checkbox"/></td></tr><tr><td>PULL OR ALTER CASING <input type="checkbox"/></td><td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td></tr><tr><td>OTHER: <b>Plug back &amp; perforate Tubb</b> <input checked="" type="checkbox"/></td><td>CASING TEST AND CMT JOB <input type="checkbox"/></td></tr><tr><td></td><td>OTHER: _____ <input type="checkbox"/></td></tr></table>			<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>	PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	OTHER: <b>Plug back &amp; perforate Tubb</b> <input checked="" type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>		OTHER: _____ <input type="checkbox"/>
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>													
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>													
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>													
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>													
OTHER: <b>Plug back &amp; perforate Tubb</b> <input checked="" type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>													
	OTHER: _____ <input type="checkbox"/>													
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.														

Abo swab test:

Swab tests recovered 100% water, no oil or gas.

We propose to:

Plug & abandon Abo:

Set CIBP @ 6200', dump 2 sx cmt. on top of plug.

Complete in Tubb:

Perforate Tubb from 5786' to 5941. Acidize w/1,500 gal. acid and frac treat perforations.

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

SIGNATURE Bobbie Brooks TITLE PRODUCTION ANALYST DATE: 5/7/97

TYPE OR PRINT NAME BOBBIE BROOKS TELEPHONE NO (915)685-1961

APPROVED BY JERRY SEXTON DATE MAY 13 1997

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

API NO. (assigned by OCD on New Wells) <b>30-025-33549</b>	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. <b>14897</b>	
7. Lease Name or Unit Agreement Name <b>Bertha</b>	
8. Well No. <b>5</b>	
9. Pool name or Wildcat <b>Fowler Abo</b>	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3214' GR</b>	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input checked="" type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator <b>Arch Petroleum, Inc.</b>	
3. Address of Operator <b>10 Desta Drive, Suite 420E, Midland, Texas 79705</b>	
4. Well Location Unit Letter <b>M</b> : <b>800</b> Feet From Th <b>South</b> Line and <b>990</b> Feet From The <b>WEST</b> Line Section <b>23</b> Township <b>24S</b> Range <b>37E</b> NMPM <b>LEA</b> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3214' GR</b>	

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <b>Initial Completion of Well</b> <input checked="" type="checkbox"/>

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.

2/22/97. MIRU Cantex rig #1. Spudded 12-1/4" hole @2:30 pm 2/22/97. Set 8 5/8" surface casing on 2/25/97 @ 1018' W/710 Sx. Cmt. Cir. 300 Sx. to surface. WOC (30 Hrs.) NU (8-3/4") BOP test 800# (1 hrs.) Landed 4-1/2" casing at 6500'. Cmt. w/1830 sx. Lead cmt. 1300 sx Cl. "C" 50/50 Pozmix w/10% gel, & 5# salt per sx. Tail 530 sx. Cl "C" 50/50 Pozmix w/2% gel, 5# salt and 4/10 of 1% FL-62 Did not circulate. Temp survey found cmt at 2020'. Rig released on 3/14/97.

MIRU Well Service unit. Perforate f/6302, 6312, 6317, 6328, 6332, 6339, 6346, 6370, 6376, 6382 & 6385 with 2-1/2" JHPF, total 24 holes. ACDZ w/total of 2,500 gal. 15% NEFE HCL.

Rig released on 3/14/97. .

Currently swab testing well.

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

SIGNATURE <i>Bobbie Brooks</i>	TITLE <b>PRODUCTION ANALYST</b>	DATE: <b>3/27/97</b>
TYPE OR PRINT NAME <b>BOBBIE BROOKS</b>		TELEPHONE NO <b>(915)685-1961</b>

APPROVED BY <i>[Signature]</i>	DATE <b>MAR 31 1997</b>
CONDITIONS OF APPROVAL, IF ANY:	

