

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) 30-025-33882	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. 014899	
7. Lease Name or Unit Agreement Name C. D. Woolworth	
8. Well No. 11	
9. Pool name or Wildcat Langlie Mattix 7R-Q-Grayburg/Jalmat	

SUNDRY NOTICES AND REPORTS ON WELLS
(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 ARCH PETROLEUM INC.	
3. Address of Operator 10 DESTA DRIVE, SUITE 420E, MIDLAND, TX 79705	
4. Well Location Unit Letter N : 1185 Feet From The South Line and 1330 Feet From The WEST Line Section 30 Township 24S Range 37E NMPM LEA County	
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3258' GL	

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: **Perforate, acidize Jalmat pool** ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTER CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABAN. ☐
CASING TEST AND CMT 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.

WE PROPOSE:

To MIRU, set RBP @3460' and perforate the Jalmat pool from 3150' to 3460', acidize and frac. complete.

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

SIGNATURE *Bobbie Brooks* TITLE **PROD. ANALYST** DATE: **5/12/97**

TYPE OR PRINT NAME **BOBBIE BROOKS** TELEPHONE NO. **915/685-1961**

Orig. Signed by

Paul Kautz

Geologist

APPROVED BY _____ TITLE _____ DATE: **5/12/97**

CONDITIONS OF APPROVAL, IF ANY: