Submit 3 Copies
to Appropriate
District Office

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State of New Mexico
Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	**OIL CONSERVATION DIVISION** 2040 Pacheco St. Santa Fe, NM 87505	WELL API NO. 30-025-34903

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

₅Indicate Type of Lease
STATE ☒   FEE ☐

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

₆State 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.)

₇Lease Name or Unit Agreement Name

West Dollarhide Devonian Unit

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

₈Well No.
122

₂Name of Operator
Arch Petroleum Inc.

₃Address of Operator
P. O. Box 10340, Midland, TX 79702-7340

₉Pool name or Wildcat
Dollarhide Devonian

₄Well Location
Unit Letter L : 2225 Feet From The South Line and 875 Feet From The West Line

Section 33 Township 24 Range 38 NMPM Lea County

₁₀Elevation (*Show whether DF, RKB, RT, GR, etc.*)
3178' GR

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 ANBANDONMENT ☐
PULL OR ALTER CASING ☐	CASING TEST AND CEMENT JOB
OTHER: Extend TD ☒	OTHER: ☐

₁₂Describe Proposed or Completed Operations (*Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work*) SEE RULE 1103.

Arch Petroleum request permission to extend the TD of the above cationed well to 8100'. All other aspects of the APD will remain the same.

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

SIGNATURE *Cathy Tomberlin*   TITLE Operation Tech   DATE 05-18-00

TYPE OR PRINT NAME Cathy Tomberlin   TELEPHONE NO. 915-685-8100

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY