

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

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-24167
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name J. R. Holt "A"
Well No. 4
Pool name or Wildcat

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator Arch Petroleum Inc.	
Address of Operator P. O. Box 10340, Midland, TX 79702-7340	
Well Location Unit Letter J : 1980 Feet From The South Line and 2080 Feet From The East Line Section 16 Township 24S Range 37E NMPM Lea County	
Elevation (Show whether DF, RKB, RT, GR, etc.) GL 3242'	

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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: ☐

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.

Arch Petroleum Inc. plans to P&A the above captioned well using the following procedure:

1. Circ hole w/ mud laden fluid.
2. Spot 15 sks on CIBP @ 5237'.
3. Cut 7" csg.
4. Spot 40 sk plug @ 4092'.
5. Spot 100 sk plug @ 4089'.
6. Spot 30 sk plug @ 3519'.
7. Spot 40 sk plug @ 405-305
8. Spot 10 sk plug & install dry hole marker.
9. Backfill pit & cellar

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103 TO BE APPROVED.

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

SIGNATURE Cathy Tomberlin TITLE Sr. Operation Tech DATE 12/12/02
TYPE OR PRINT NAME Cathy Tomberlin (915)685-8100 TELEPHONE NO.

(This space for State Use)

APPROVED BY

ORIGINAL SIGNED BY

DATE

CONDITIONS OF APPROVAL, IF ANY:

GARY W. WINK

OC FIELD REPRESENTATIVE II/STAFF MANAGER