

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

|                        |  |
|------------------------|--|
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| OPERATOR               |  |

5a. Indicate Type of Lease  
State ☐ Fee ☒  
5. 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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-<br>2. Name of Operator <b>ARCO Oil and Gas Company</b><br>Division of Atlantic Richfield Company<br>3. Address of Operator:<br>Box 1710, Hobbs, New Mexico 88240<br>4. Location of Well<br>UNIT LETTER <u>D</u> <u>990</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM<br>THE <u>West</u> LINE, SECTION <u>9</u> TOWNSHIP <u>24S</u> RANGE <u>37E</u> NMPM.<br>15. Elevation (Show whether DF, RT, GR, etc.)<br>3265.1' GR | 7. Unit Agreement Name<br>8. Farm or Lease Name<br>Fowler Hair<br>9. Well No.<br>3<br>10. Field and Pool, or Wildcat<br>Jalmat Yates Gas<br>12. County<br>Lea |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

|                                                |                                           |                                                                         |                                               |
|------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>      |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>             | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER <input type="checkbox"/>            | CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/> Surface |                                               |

17. 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.

Spudded 11" hole @ 10:00 PM 12/28/79. Finished drlg 11" hole to 1100' @ 5 AM 12/30/79. RIH w/8-5/8" OD 32# csg, set @ 1100'. Cmt d w/250 sx HL cmt w/5# Gilsonite, 1/2# flocele/sk followed by 200 sx C1 C cmt w/2% CaCl. Circ 25 sx cmt to pit. Cmt circ to surf. PD @ 11:30 AM 12/30/79. WOC 18 hrs. Pressure tested csg to 1500# 30 mins OK.

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

|                                 |                                |                        |
|---------------------------------|--------------------------------|------------------------|
| SIGNED <u>[Signature]</u>       | TITLE <u>Dist. Drlg. Supt.</u> | DATE <u>1/3/80</u>     |
| APPROVED BY <u>[Signature]</u>  | TITLE <u></u>                  | DATE <u>JAN 7 1980</u> |
| CONDITIONS OF APPROVAL, IF ANY: |                                |                        |