State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
3004509937

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
State E-9896-3

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.)

7. Lease Name or Unit Agreement Name

Horseshoe Gallup Unit

1. Type of Well:
OIL WELL [X]   GAS WELL [ ]   OTHER

8. Well No.
239

2. Name of Operator
ARCO Oil and Gas Company

3. Address of Operator
1816 E. Mojave, Farmington, NM 87401

9. Pool name or Wildcat
Horseshoe Gallup

4. Well Location

Unit Letter __E__ : __2191__ Feet From The __North__ Line and __331__ Feet From The __West__ Line

Section __2__   Township __30N__   Range __16W__   NMPM   San Juan   County

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

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: _____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTERING CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABANDONMENT [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER: __Reactivation__ [X]

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.

ARCO Oil and Gas Company has reactivated this well on January 3, 1991 to re-evaluate economic conditions. Several previously uneconomic long term shut in wells were found to have commercial production.

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

SIGNATURE _____ TITLE __Sr. Production Supervisor__ DATE __1/14/91__

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY __Original Signed by FRANK T. CHAVEZ__ TITLE ____ DISTRICT # 3 ____ DATE __FEB 22 1991__

CONDITIONS OF APPROVAL, IF ANY: