

Submit 3 Copies
to Appropriate
District Office

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2008

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

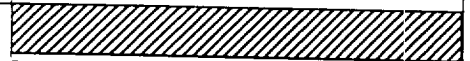
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

WELL API NO.
30-025-32272

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
B-1671



7. Lease Name or Unit Agreement Name
State "P"

8. Well No.
3

9. Pool Name or Wildcat
Eumont Yates/SR/Queen

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)

1. Type of Well:
OIL WELL GAS WELL other

2. Name of Operator
ARCO OIL and GAS COMPANY

3. Address of Operator
P.O. Box 1610, Midland, Texas 79702

4. Well Location
Unit Letter C : 990 Feet From The North Line and 1980 Feet from The West Line
Section 25 Township 20S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3539 GR

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) _____

12. Describe Proposed or completed Operation (Clearly state all pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Spud 12-1/4 hole 10-26-93. TD'd at 400. Ran 8-5/8 24# csg to 400. Cmt'd w/350 sx Cl "C" cmt + 2% CC + 1/4# D-29. Circ cmt to surf. WOC 10 hrs. Est comp strength 1250#. Press test csg to 1000# for 30 min. DA w/7-7/8 bit.

TD'd 7-7/8 hole at 3700 on 10-30-93. Ran 5-1/2 15.5# csg to 3700. Cmt'd w/600 sx 65/35 Poz "C" + 6% D-20 + 1/4# D-29 (yld 1.92) followed by 250 sx Cl "C" + 1/4# D-29 (yld 1.32). Circ cmt to surf. RR 10-31-93.

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

SIGNATURE Ken W. Gosnell TITLE Agent DATE 12-2-93

TYPE OR PRINT NAME Ken W. Gosnell TELEPHONE 915 688-5672

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____
CONDITIONS FOR APPROVAL, IF ANY:

DEC 06 1993
DATE