

Submit 3 Copies to Appropriate District Office

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. 30-025-32515

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

6. 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.)

7. Lease Name or Unit Agreement Name

State "B" 1576

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

8. Well No. 9

2. Name of Operator ARCO Permian Oil & Gas Co

9. Pool name or Wildcat Vacuum Drinkard

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

4. Well Location Unit Letter M : 500 Feet From The South Line and 418 Feet From The West Line

Section 32 Township 17S Range 35E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3968' 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. [X], PLUG AND ABANDONMENT [ ], CASING TEST AND CEMENT JOB [ ], OTHER: [ ]

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.

Spud 12-1/4" hole 5-23-94. TD'd @ 1522'. Ran 8-5/8" 24# csg to 1522'. Cmt'd w/560 sx "C" + 4% gel + 2% cc + 1/4# FC (yld 1.74) followed by 200 sx "C" + 2% cc + 1/4# FC (yld 1.32). Circ cmt to surf. WOC 14 hrs. Est comp strength 1500#. Press test csg to 1000# for 30 min. DA w/7-7/8" bit.

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 6-3-94

TYPE OR PRINT NAME Ken W. Gosnell 915/688-5672 TELEPHONE NO.

(This space for State Use)

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

JUN 09 1994

GENERAL

NO 3199

FROM  
OFFICE