

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

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

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

SEP 18 '89

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

O. C. D.

ARTESIA OFFICE

WELL API NO.
30-015-26155

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
K-6852

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 "2"

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No.

3

2. Name of Operator
ARCO OIL AND GAS COMPANY

9. Pool name or Wildcat

Shugart Y7RQG

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

4. Well Location
Unit Letter D : 575 Feet From The North Line and 660 Feet From The West Line
Section 2 Township 19S Range 30E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3451.6 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 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 9-7-89. TD'd at 597. Ran 8-5/8 24# K-55 csg to 597. Cmt'd w/375 sx "C" w/2% cc. Lost returns & cmt did not circ. Ran 1" pipe down annulus. Tag hard cement at 148'. Cmt f/148-surf w/100 sx "C" w/2% CC. WOC 8 hrs. 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 Engr. Tech. DATE 9-14-89

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

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT I

APPROVED BY _____ DATE _____

SEP 18 1989

CONDITIONS OF APPROVAL, IF ANY: