State of New Mexico

Form C-103

Submit 3 Copies	Energy, Minerals and Natural Resources	s Department	Revised 1-1-89	
to Appropriate District Office			V	
	OIL CONSERVATION DI	WELL API NO.		
BO BO BO 1980 Hobbs NM 88241-1980 2040 Pacheco St.			-29527	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of L	STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	1	6. State Oil & Gas Le 20761	ase No.	
SI INDRY NO	TICES AND REPORTS ON WELLS			
(DO NOT USE THIS FORM FOR PE	ROPOSALS TO DRILL OR TO DEEPEN OR PLUG ERVOIR. USE "APPLICATION FOR PERMIT" C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Un BARCLAY STATE	nit Agreement Name	
1. Type of Well: OIL GAS WELL X WELL	OTHER			
2. Name of Operator		8. Well No.		
ARCO Permian		0. Pool name or Wil	9. Pool name or Wildcat	
3. Address of Operator P.O. Box 1610 Midland. TX	79702	LIVINGSTON RIC	GE (DELAWARE)	
4. Well Location	80 Feet From The NORTH L	ine and 660 Feet From 3	TheEASTLine	
Unit Letter H : 19	GO Feet From The		PDDV	
Section 2	Township 23S Range	31E NMPM	EDDY County	
	10. Elevation (Show whether DF, I	3444		
11. Check A	Appropriate Box to Indicate Natu	re of Notice, Report, or Ot	her Data	
	INTENTION TO:	SUBSEQUENT	REPORT OF:	
None of	,		LITERING CASING	
PERFORM REMEDIAL WORK	PLOG AND ADAMSON	רסו	Г	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. LA PLUG AND ABANDONMEN			PLUG AND ABANDONMENT L	
	CAS	ING TEST AND CEMENT JOB		
PULL OR ALTER CASING	, – – – – – – – – – – – – – – – – – – –		. [
OTHER:		ER:		
12. Describe Proposed or Completed work) SEE RULE 1103.	Operations (Clearly state all pertinent details, an	nd give pertinent dates, including estima	ted date of starting any proposed	
8-22-97 RUN AND CMT.	13-3/8' CASING, CIRC. CMT.			
8-28-97 RUN AND CHT.	8-5/8" CASING.			
The house of the the information sho	ve is true and complete to the best of my knowledge and	belief.		
I hereby certify that the information abo	Place F	REGULATORY COMPLIANCE	DATE9/15/97	

TELEPHONE NO. 915-688-5532 TYPE OR PRINT NAME LAURIE CHERRY SEP 2 8 1997 (This space for State Use) ORIGINAL EAGNED BY TIM W. GUM DISTRICT I SUPERVISOR _ DATE __ TITLE _ APPROVED BY_ CONDITIONS OF APPROVAL, IF ANY: