Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Form C-103 Revised 1-1-89 Energy, Minerals and Natural Resources Department

P.O. Box 1980, Hobbs NM 88240	P.O. Box 2088  STRICT II Santa Fe. New Mexico 87504-2088		WELL API NO. 30-015-28760
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease  STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
	CES AND REPORTS ON W		
(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  DOROTHY 36 STATE COM
1. Type of Well: OIL WELL GAS WELL X	OTHER		
2. Name of Operator ARCO PERMIAN			8. Well No.
3. Address of Operator P.O.BOX 1610, MIDLAND, TX 79702			9. Pool name or Wildcat  EMBIDE MORDON COUTH
4. Well Location		1687	EMPIRE, MORROW, SOUTH
Unit Letter N : 1163	Feet From The SOUTH	Line and 1647	Feet From The WEST Line
Section 36	Township 17S	Range 28E nether DF, RKB, RT, GR,	NMPM EDDY County
	3674 GR	emer Dr, RRB, R1, GR,	ecc.)
	· -	ı	e, Report, or Other Data
NOTICE OF INTENTION TO:		SU	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	IG OPNS.  PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND	CEMENT JOB X
OTHER:		OTHER:	
	ations (Clearly state all pertinent		dates, including estimated date of starting any proposed
+ 1/4# D29 (YLD 2.6) FOL HRS.RAN TEMP SURV. TOC 2 TD'D 7 7/8 HOLE AT 9800. .3% D-65 + .1% D-13(YLD & MWD. 03-03-96. AT TD 0F 10342	LOWED BY 600 SX C N 250'. DA W/7 7/8 BIT RAN ELEC LOGS.RIH 1.19). DID NOT CIRC 2, RAN DST# 1. LE AT 11070.RAN OH E 100 SX H W/1 GPS D-6	EAT(YLD 1.32) D W/7" 28#"CSG TO CMT. WOC. RAN T	W/425 SX POZ C W/10% D20 + 5# D4/ ID NOT CIRC CMT TO SURF. WOC 12.5 9800. CMD W/400 SX H W/.6% D156 EMP SURV. TOC 8076. DA W/6 1/8 BI 8 1996  S 1/64 17# LINER TO 11045. TOL A 604AM 75/190 GPS M-45 + 2% B-28 T. 2
I hereby certify that the information above is tru	ne and complete to the best of my know	edge and belief.	
SIGNATURE Ken W Los	rell	TITLE AGENT	DATE _04-11-95
TYPE OR PRINT NAME KEN W.GOSNELI			TELEPHONE NO. 915 688-5672
(This space for State Use)	NEW OF THE W. CIM		
ORIGINAL SIG DISTRICT II SI	NED BY TIM W. GUM UPERVISOR	TITLE	DATE APR 1 9 1996
<del></del>		-	