## State of New Mexico Energy, Minerals and Natural Resources Department



	Form C-163 Revised 1-1-89	P
a		

to Appropriate District Office	2 mg//				Y
DISTRICT I	OIL CONSERVA	TION DIVISION	WELL API NO.		
P.O. Box 1980, Hobbs, NM 88240  P.O. Box 2088  P.O. Box 2088		30-015-25953			
DISTRICT II	Santa Fe, New Me	exico 87504-2088	5. Indicate Type of		
P.O. Drawer DD, Artesia, NM 88210		NOV 1 4 1991		STATE FEE	<u>: L</u>
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		<del>-</del>	6. State Oil & Gas		
		O. C. D.	FEDERAL N	MNM 72642	77777
( DO NOT USE THIS FORM FOR PH DIFFERENT RESE (FORM C	ICES AND REPORTS ON OPOSALS TO DRILL OR TO DE RVOIR. USE "APPLICATION FO -101) FOR SUCH PROPOSALS	OR PERMIT	7. Lease Name or U	Just Agreement Name	
i. Type of Well: OL GAS WELL X	on the same		PATON B F	FEDERAL	
2. Name of Operator	/ CITER	<del>-</del>	8. Well No.		
ARCO OIL AND GAS COMP.	ANY /		1		
1 Address of Operator			9. Pool same or W		
BOX 1710, HOBBS, NEW	MEXICO 88240		NORTH SHU	JGART MORROW	
4. Well Location	0	JTH Line and 19	80 Feet From	WEST	Line
Unit Letter N :66	J Feet From the				
Section 9	Township 18S	Range 31E	NMPM EDDY	Co	unty
	//////X	vhether DF, RKB, RT, GR, etc.)			
	3686.6' GI	cate Nature of Notice, I	Report or Other	<u>yyyyyyyyyyyyyy</u> Data	
			BSEQUENT RI	EPORT OF:	
NOTICE OF IN	TENTION TO:	301			_
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	L
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	ig opns. 🔲 1	PLUG AND ABANDONME	:NT [
PULL OR ALTER CASING		CASING TEST AND C	CEMENT JOB		
POLLON ALIEN GROWN		OTHER: LOAD	OIL	_	X
OTHER:					
12. Describe Proposed or Completed Oper work) SEE RULE 1103.				starting any proposed	
NOTIFICATION OF TRANS	FER OF LOAD OIL IN	COMPLIANCE w/RULE	1104(F)		
PATON B FE	RVICES, INC. TRANSPO EDERAL TO THE BAISH R DOWN HOLE PARAFFI	ORTED 69.36 GROSS F FEDERAL #1, UNIT A N TREATMENT.	BBLS OF CONDE A, SEC. 9, T1	NSATE FROM THE 8S, R31E, EDDY	
XC: HUGH SERVICES, I PRIDE OPERATING	P. O. Box 68, Loco CO., P. O. Box 243	Hills, NM 88255 6, Abilene, TX 796	604		
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_					
I hereby certify that the information above is tr	se and complete to the best of my knowl	indge and belief.			
1061		Operations C	oordinator	DATE	
SIGNATURE				TELEPHONE NO.392-16	600
TYPLOR FRONT NAME James D	. Cogburn				===
(This space for State Use)					