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

## OIL CONSERVATION DIVISION C

6. State Oil & Gas Lease No.	
5. Indicate Type of Lesse STATE	FEE
WELL API NO. 30-025-25953	<del></del>

P.O. Box 1980, Hobbs, NM 88240  P.O. Box 2088 ECEIVED	WELL API NO. 30-025-25953
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088  E[ ( 2 4 1991	5. Indicate Type of Lesse STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Azzoc, NM 87410  O. C. D.	6. State Oil & Gas Lease No. Federal NMNM 72642
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
1. Type of Well: OL GAS WELL WELL X OTHER	Paton B Federal
2. Name of Operator ARCO Oil and Gas Company √	8. Well No.
3. Address of Operator	9. Pool same or Wildcat North Shugart Morrow
P.O. Box 1710, Hobbs, NM 88240  4. Well Location	<u> </u>
Unit Letter N : 660 Feet From The South Line and 19	980 Feet From The West Line
	NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, Re	eport, or Other Data
NOTICE OF INTENTION TO: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	OPNS. DPLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CE	MENT JOB
OTHER: OTHER: Load (	Dil Transfer -
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, include work) SEE RULE 1103.	fing estimated date of starting any proposed
NOTIFICATION OF TRANSFER OF LOAD OIL IN COMPLIANCE WITH RUL	LE 1104(F)
12/22/91 HUGHES SERVICES, INC., TRANSPORTED 182.37 GROSS E PATON B FEDERAL TO THE YOUNG FEDERAL #1, unit g, COUNTY FOR DOWN HOLE PARAFFIN TREATMENT.	BBLS OF CONDENSATE FROM THE sec. 20. T18S, R32E, LEA
XC: HUGHES SERVICES, P.O. BOX 68, LOCO HILLS, NM 88255 PRIDE OPERATING CO., P.O. BOX 2436, ABILENE, TX 79604	4
<del>-</del>	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	10/02/01
SIGNATURE frame Operations (	Coordinator DATE 12/23/91
TYPEOR PRINT NAME James D. Cogburn	<b>ТЕІ.ЕРНОМЕ NO. 392—1600</b>
(This space for State Use)	

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CONDITIONS OF APPROVAL, IF ANY: