Submit 3 Copies to Appropriate District Office		ergy, Minerals and Natural Resources Departr			Form C-103 Revised 1-1-89			
DISTRICT I P.O. Box 1980, Hobbs, NM \$8240 OIL CONSERVA					WELL API NO.			
P.O. Box 1980, Hobbs, NM 48240 P.O. Box 2088 DISTRICT II Santa Fe, New Mexico 87504-2088					30-015-26463			
F.O. Drawer DD, Artesia, NM 88210					5. Indicate Type of Lesse STATE FEE			
DISTRICT III 1000 Rio Brezos Rd., Aziec, NM 87410						6. State Oil & Gee Leese No.		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A								
	FERENT RESERV	POSALS TO DHILL OH TO POIR. USE "APPLICATION 01) FOR SUCH PROPOSA	FOR PE		7. Lease Name	or Unit Agreement Name		
1. Type of Well:	(i Oran Ori	01,101000111101001		RECEIVED	1			
OE XX	ART [, OTHER		FFD V 0 4004	STATE 2			
2. Name of Operator				FEB % 8 1991	2. Well No.			
ARCO OIL AND	GAS COMPAN	<u>y </u>		<u>Ö. C. D.</u>	5	Th. P. A.		
BOX 1710, HOL	DC NEU ME	VICO 88240		ARTESIA, OFFICE	9. Pool same or	YTS SRQ GB		
4. Well Location	DDS, NEW TIL	XICO 00240			1 Bilo Gritti	IID DRQ CD		
Unit Letter	M:660	Poet Prom TheSOU	TH	Line and330	O Feet Fre	The WEST	Line	
Section	2 ////////////////////////////////////	Township 19S 10. Elevation (Show	R whether	inge 30E) DF, RKB, RT, GR, etc.)	NMPM	EDDY	County	
		3409 GF				<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
11.			dicate !	Nature of Notice, Re	•			
NOT	ICE OF INTE	ENTION TO:		SUB	SEQUENT	REPORT OF:		
PERFORM REMEDIAL	WORK 🗌	PLUG AND ABANDON		REMEDIAL WORK	X	ALTERING CASING		
TEMPORARILY ABAND	ON 📙	CHANGE PLANS		COMMENCE DRILLING	OPNS.	PLUG AND ABANDO	NMENT	
PULL OR ALTER CASING				CASING TEST AND CE	MENT JOB			
OTHER:	_ 			OTHER:	······································	· -	🗆	
12. Describe Proposed or work) SEE RULE 11		os (Clearly state all pertinent o	desails, as	nd give pertinent dates, includ	ling estimated date	of starting any proposed		
02/04/91	INSTALL PUMPING EQUIPMENT							
	PRIOR PROD. 01/04/91 24 HRS FLW 67 BO, 20 BW, 58 MCFG							
	AFTER INSTALLATION 02/12/91 24 HRS PMP 70 BO, 72 BW, 88 MCFG							

I hereby certify that the info	ermation above in true and complete to the best of my knowle	Administrative Supervisor	2/26/91	
TYPEON FRONT HAVE	James D. Cogburn		TELEPHONE NO.	392-1600
(This space for State Use)	ORIGINAL SIGNED BY		MAR	6 199 1
APTROVED BY	SUPERVISOR, DISTRICT IF	_ TITUS	- DATE	