Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	OH CONCERNATION	ANT PARTICIONS		
DISTRICT I P. O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION DIVISION 2040 Pacheco St.		WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM S	37505 2800	30-015-30224 5. Indicate Type of Lease	\dashv
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	C. S. To.	1	STATE X FEE 6. State Oil & Gas Lease No.	Ή
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER	CES AND REPORTS ON WELL POSALS TO DRILL OR TO DEEPEN VOIR. USE "APPLICATION FOR PERI 101) FOR SUCH PROPESALS.)	APPLUG BACK TO A	7. Lease Name or Unit Agreement Name Little Box State	772
WELL GAS WELL X	отнек	11110		
2. Name of Operator / ARCO Permian	313	I bi Co	8. Well No.	
3. Address of Operator P.O. Box 1089 Eunice. NM 8	8231		9. Pool name or Wildcat Little Box Canyon Morrow	
4. Well Location Unit Letter N: 660	Feet From The S	Line and 23	10 Feet From The W Li	ле
Section 36	Township 20S Ra	nge 21E	NMPM Eddy Coun	,
	10. Elevation (Show whether			
11. Check Ap	propriate Box to Indicate	Nature of Notice,	Report, or Other Data	
NOTICE OF IN	TENTION TO:	SUE	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT	L
PULL OR ALTER CASING		CASING TEST AND CE		_
OTHER:		OTHER: Add Perfs		
12. Describe Proposed or Completed Opework) SEE RULE 1103.	rations (Clearly state all pertinent deta	ails, and give pertinent da	ites, including estimated date of starting any propo	sed
TD: 8254; PBD: 8120'	PERFS: 7927-7974', 7710-7	7750 °		
	P. Load annulus w/20 bbls			
	. Perf 2-3/8" tbg above planking plug cage, opened up			
get below 7731' w/retrieving tool. Flowed 2 hrs. Retrieved BP f/1.812" profile, flowed 1 hr. Hook up to production equip. 2-3/8" tbg set @ 7810'. No change. Well flowing.				
I hereby certify that the information above is tr	1		Annatations 00/20/00	
SEGNATURE		LE <u>Administrative</u>		
TYPE OR PRINT NAME Kelle D. Mur			TELEPHONE NO. 505-394-16	<u> 47 .</u>
(This space for State Use)	W. Gum	District	Supervisor 9-790	
APPROVED BY	TIT	LE	DATE /	