USP

Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department			Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980 DISTRICT II	OIL CONSERVATION DIVISION 2040 Pacheco St. Santa Fe, NM 87505		WELL API NO. 30-015-3156	56
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III			5. Indicate Type of Lease STAT 6. State Oil & Gas Lease No	
1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS			NM-25336	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit Agreement Name	
I. Type of Well: OIL WELL GAS WELL X	101) FOR SUCH PROPOSALS.) OTHER		Jaguar 26 Federal	
2. Name of Operator / ARCO Permian			8. Well No. 1	
3. Address of Operator P.O. Box 1089 Eunice, NM 88231			9. Pool name or Wildcat Little Box (Strawn/A	Atoka) Wildcat
4. Well Location Unit Letter <u>A</u> ; 735	Feet From The N	Line and 66	0 Feet From The	E Line
Section 26	Township 20S Ra		NMPM Eddy	County
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK Image: Constraint of the second se	PLUG AND ABANDON	REMEDIAL WORK		G CASING
PULL OR ALTER CASING	X	CASING TEST AND CE		

12. Describe Proposed or Completed Operation Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

ARCO Permian requests permissionto ammend the PLC- for the Little Box Canyon area. The gas from this meter #646688) prior to the movement off lease, ar back to the well based on metered production. The one compressor, and sold through one central sales	well is metered separately (ARCO nd the well volume is allocated e gas is gathered, compressed through <u>a setting</u>
EPFS gas meter #68367	o hun nun
SENE, Sec. 1, T21S, R21E	a hun non
Lease #NM-27451	G OCD - APTER
Eddy County, NM	OCD - ARTESIA
Commingling ORDER PLC-184	
I hereby certify that the information above is true and complete to the best of my know	rledge and belief.
SIGNATURE APPLIE H. Munish IT	ne <u>Sr. Administrative Assistant</u> DATE <u>08/01/01</u>
TYPE OR PRINT NAME Kellie D. Murrish	TELEPHONE NO. 505-394-1649
(This space for State Use) Santa Fe Approv Required	m 1
APPROVED BY For Record Only	
CONDITIONS OF APPROVAL, IF ANY:	F
