Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

C15F

DISTRICT I	OIL CONSERVATION	ON DIVICION	V
P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION DIVISION 2040 Pacheco St. Santa Fe, NM 87505		WELL API NO.
DISTRICT II			30-015-05840
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
SUNDRY NOT	ICES AND REPORTS ON WEL	IS	
(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:			GONDEO STATE AA-2
OIL GAS WELL	other χ		21584
2. Name of Operator ARCO Permian			8. Well No. #1
3. Address of Operator P.O. Box 1089 Eunice. NM 8	38231		9. Pool name or Wildcat
4. Well Location	MLV1		LIVINGSTON RIDGE DELAWARE
Unit Letter A : 660	Feet From The N	Line and 66	0 Feet From The S Line
Section 2		10ge 31E	NMPM EDDY County
	10. Elevation (Show wheth	er DF, RKB, RT, GR, etc. 3452° DF	.)
11. Check Ap	propriate Box to Indicate	Nature of Notice.	Report, or Other Data
			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHAINGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING		CASING TEST AND CE	
OTHER:		OTHER: CHANGE LEA	ASE NAME X
12. Describe Proposed or Completed Ope	rations (Clearly state all pertinent det	alls and alvo partinent date	es, including estimated date of starting any proposed
work) SEE RULE 1103.			to make at starting any proposes
ARCO Permian requests pe	rmission to change the lea	se name of this wel	from the Conoco State AA-2 #1
to the State AA-2 #1. A	RCO Permian became operato	r of this well effe	ective 05/01/97.
			0 170 2
			Part ID-3 9-36-97
			·
			.chg.well name
			J
			. ~
I hereby certify that the information above is tri	· ·	and belief.	
SSONATURE PULLE W. 4	nush m	E Administrative A	SSISTANT DATE 08/27/97
TYPE OR PRINT NAME Kelle D. Muri	<u>rish</u>		TELEPHONE NO. 505-394-1649
(This space for State Use)			*** ** * ** ** ** ** ** ** ** ** ** **
S	UPERVISOR, DISTRICT II		SEP = 9 1997
APPROVED BY	TITL	r	
ACTAOVED 91			