Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IP ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	OTT CONCEDENTATION)		l I
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION 2040 Pacheco St. Santa Fe, NM 87505		WELL API NO.		
		30-015-24954 5. Indicate Type of Lease		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	FEE
SUNDRY NOTICES AND REPORTS ON WELLS			FEDERAL ////////////////////////////////////	
(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	
1. Type of Well:	101) FOR SUCH PROPOSALS.)		BARCLAY FEDERAL	
OIL GAS WELL X	OTHER 1			
2. Name of Operator ARCO Perintan		AUG 1 5 1997	8. Well No.	
3. Address of Operator P.O. Box 1089 Eunice, NM 8			9. Pool name or Wildcat	TU
4. Well Location	5231		SAND DUNES MORROW NOR	nu
Unit Letter N : 660	Feet From The S	Line and198	Feet From The W	Line
Section 01			NMPM EDOY	County
	10. Elevation (Show wheth	er Dr, RKB, RT, GR, etc 3500' GR	·	
11. Check An	propriate Roy to Indicate		Papart or Other Date	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
NOTICE OF IN	TENTION TO.	306	SEQUENT REPORT OF	-;
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING			OPNS. PLUG AND ABANDO	NIMENT [
PULL OR ALTER CASING CASING TEST AND C				
OTHER: OTHER: TRANSFER			[<u>x</u>	
12. Describe Proposed or Completed Ope work) SEE RULE 1103.	rations (Clearly state all pertinent det	ails, and give pertinent dat	es, including estimated date of starting a	ny proposed
	ING INC., TRANSPORTED 150. ING LEASES FOR DOWNHOLE PA		L FROM THE BARCLAY FEDERAL #	1
	. 500' FSL & 418' FWL, SEC , 402' FSL & 1905' FWL, SE			
XC: TEXACO TRADING AND ROWLAND TRUCKING IN				
I hereby certify that the information above is tr	ue and complete to the best of my knowledg	c and belief.		
SIGNATURE RULL H. 9	nunst III	LE Administrative	Assistant DATE 08/	14/97
TYPE OR PRINT NAME Kellie D. Mur	r1sh		телерноме но. 505-	394-1649
				· • · ·
(This space for State Use) ORIGINAL SIGNED	AY TIM W. GUM			
APPROVED BY DISTRICT II SUPER	VISOR	I.E.	AUG 1	8 1997