Submit 3 Copies To Appropriate District	State of New		*		Form C-10	
Office District I	Energy, Minerals and N	Natural Resources		Revised	March 25, 199	
1625 N. French Dr., Hobbs, NM 87240		WELL API NO. 30–015–31815				
District II 811 South First, Artesia, NM 87210	OIL CONSERVAT	5. Indicate Type of Lease				
District III 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco Santa Fe, NM 87505		STATE 5			
District IV	Santa Fe, N.	M 8/303			<u> </u>	
2040 South Pacheco, Santa Fe, NM 87505			6. State Oil & Ga	s Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS (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: WEST ERUSHY (STATE) "8"			
1. Type of Well: Oil Well 🕱 Gas Well	Other	/				
2. Name of Operator		8. Well No.				
ARCO Permian				1		
3. Address of Operator			9. Pool name or Wildcat			
P.O. Box 1610 Midland, TX 4. Well Location	79702		BRUSHY DRAW (DE	LAWARE)		
Unit Letter B:	1219 feet from the	NORTH line and	1894 feet fro	om the E	AST line	
				<u></u> -		
Section 8	Township 26s 10. Elevation (Show when		NMPM	County	EDDY	
	of 10. Elevation (Snow when	2894' GR	<i>C.)</i>			
11. Check A	Appropriate Box to Indic	cate _l Nature of Notice,	Report, or Other	r Data		
NOTICE OF INT	• • •	· · · · · · · · · · · · · · · · · · ·	SEQUENT RE		•	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK			G CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS.	PLUG AN ABANDO		
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB		7.57.1145.0	, which is	
OTHER:		OTHER:				
12. Describe Proposed or Complete of starting any proposed work). or recompilation.		all pertinent details, and g				
Drilling permit was appro- location due to topograph		amend permit to move ng documentation is a				
			289 1011 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	AUG 2001 AUG 2001 RECEIVED OCD - ARTE	isia di salah sala	
hereby certify that the information above	is true and complete to the box	t of my knowledge and haliat		21-123		
increase certary that the information above)	t of my knowledge and belief			-	
SIGNATURE GRY 1 1	<i>Шу</i> т	TITLE REGULATORY COMPT	LAINCE ANALYST	DATE	8/6/01	
Type or print name AMY T. SPANG			Telepho	one No. 281	1-366-7655	
This space for State use)						
APPROVED BY	W. Gum	TITLE SUPERVISO	OR, DISTRICT II D	ATE	1 8 2001	

APPROVED BY Conditions of approval, if any: