Submit 3 Copies to Appropriate District Office

## State of New Mexico Ene: Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICTI

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbi, NM 88240	P.O. Box 20	00 01 DI 1 IOIOI 1	WELL API NO.	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico		30-015-26732	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	JAN 1 5 1992		5. Indicate Type of Lease  STATE XX FEE  6. State Oil & Gas Lease No.	
		O. C. D.	E-10083	
( DO NOT USE THIS FORM FOR PRO DIFFERENT RESER	ICES AND REPORTS ON WEI PPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PE -101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL OAS WELL  WELL	ОТНЕВ		Royal A	
	ROLEUM COMPANY		8. Well No.	
3. Address of Operator 4001 Penbrook St., Odessa, Texas 79762			9. Pool name or Wildcat Undesignated (Atoka)	
4. Well Location  Unit Letter H : 198	30 North	660	East	
Section 16	20-S	25 <b>-</b> E	Eddy	
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	NMPM County	
	3451' GL; 346	3' KB		
11. Check A	Appropriate Box to Indicate 1	Nature of Notice, Re	eport, or Other Data	
NOTICE OF INT	ENTION TO:	NTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB	
OTHER:		OTHER: Plug back & perforate Atoka		
<ol> <li>Describe Proposed or Completed Operat work) SEE RULE 1103.</li> </ol>	ions (Clearly state all pertinent details, an	nd give pertinent dates, includ	ling estimated date of starting any proposed	
9/8/91 Perforate 5-	1/2" casing 8992'-9000 orations 8992'-9000' w	', 33 shots.	ement on top of packer. % NeFe HCL.	
•				

	76.		
I hereby certify that the information signature	ation above in the and complete to the best of	my knowledge and belief. Supervisor, Regulation & Proration	
TYPE OR PROVI NAME	Y. Sanders	(915 ) 368-1667	TELEPHONE NO.
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS		JAN 1 7 1992
APPROVED BY	SUPERVISOR, DISTRICT	T If mus	— DATE ————————————————————————————————————