State of New Mexico Enc. Minerals and Natural Resources Department

MAY	1	4	1992	1
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DISTRICT I P.O. Box 1980, Hobba, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088

O. C. D. WELL APING

Revised 1-1-89	_	 1

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			30-025-25953
			5. Indicate Type of Lease FED STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Azioc, NM 87410			6. State Oil & Gas Lease No.
Tona tree Dissens tred terminal rate and and			FEDERAL NMNM72642
SUNDRY NOT	CES AND REPORTS ON WE	LLS	
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER (FORM C-	7. Lease Name or Unit Agreement Name		
1. Type of Well:		RECEIVED	
ART ART X	OTHER	22.0 /	PATON B FEDERAL
2. Name of Operator	/	R 2 4 1992	8. Well No.
ARCO OIL AND GAS COMPA	ANY V	0 C D	1
3. Address of Operator		LESTY LAND.	9. Pool same or Wildcat NORTH SHUGART MORROW
BOX 1710, HOBBS, NEW 1	MEXICO		NORTH SHUGART MORROW
Unit Letter N : 660	Fact From The SOUTH	Line and 198	80 Feet From The WEST Line
Unit Letter N : 000	Peet From the	Line and	Ped Flora lise
Section 9	Township 18S R	ange 31E 1	NMPM EDDY County
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	
	3686.61		
	Appropriate Box to Indicate		
NOTICE OF INT	ENTION TO:	SUB	SEQUENT 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: LOAD OI	L TRANSFER - X
12. Describe Proposed or Completed Operat work) SEE RULE 1103.			
NOTIFICATION OF TRANS	FER OF LOAD OIL IN COM	PLIANCE WITH RU	LE 1104(F) < ;

I & W, INC. TRANSPORTED 104.35 GROSS BBLS OF CONDENSATE FROM THE PATON B FEDERAL TO THE STATE 2 #1, UNIT E, SEC. 2, T19S, R30E, EDDY COUNTY FOR DOWN HOLE PARAFFIN TREATMENT.

I & W, Inc., P. O. Box 98, Loco Hills, NM 88255 xc: Pride Operating Co., P. O. Box 2436, Abilene, TX 79604

I hereby certify that the information above is true and complete to the best	of my knowledge and beliaf. Operations Coordinator	DATE
Type Carrent NAME James D. Cogburn		TELEPHONE NO. 391-1600
(This space for State Use)		
APPROVED BY	TITLE	DATE