State of New Mexico Energy, N. Ask and Natural Resources Department	Form C-103
Submit 3 Copies to Appropriate Energy, N. als and Natural Resources Department	Revised 1-1-89
District Office OIL CONSERVATION DIVISION	WELL API NO.
DISTRICT 1 P.O. Box 1989, Hobbs, NM \$5240 P.O Box 2088	30-025-01426
Santa Fe, New Mexico 87504-2008	5. Indicate Type of Lease
P.O. Drawer DD, Artesia, NM \$8210	STATE X FEE
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 27410	6. State Oil & Gas Lease No. B-2229
	D-2227
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS)	State "F" TG
1. Type of Well: OIL GAS	
WELL other Disposal 2. Name of Operator	8. Well No.
ARCO OIL and GAS COMPANY	5. Well No.
3. Adress of Operator	9. Pool Name or Wildcat
P.O. Box 1610, Midland, Texas 79702	Vacuum
4. Well Locastion	
Unit Letter A : 990 Feet From The North Line and 6	60 Feet from The <u>East</u> Line
Section 36 Township 17S Range 33E NA	IPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, et	
4105 GR	
Check Appropriate Box To Indicate Nature of Notice, Re	port, or Other Data
NOTICE OF INTENTION TO:	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OF	
PULL OR ALTER CASING CASING TEST AND CEME	
	r Casing x
 Describe Proposed or completed Operations (Clearly state all pertinent dates, including estimated date of star work) SBB RULB 1103. 	ling any proposed
9-14-90. Shut in bradenhead press 250#. Bled to pit. Rec \pm 25 bbls water. Press 5 1/2 x 2 3/8 to 850#. Pmpd 60 bbls FW dwn 5 1/2 x 8 5/8.	
0.15.00. GUTD 7504 04 DVI 4404 D	
9-15-90. SITP 750#, csg 0#, BH 440#. Ran tracer survey. Formation at 1588 taking fluid. Sqz'd 8 5/8 x 5 1/2 w/300 sx "C" cmt.	
9-16-90. Resumed disposal operations.	
18 The decided of the control of the	
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief	
SIGNATURE Ken a Gosnell TITLE Regulatory Coo	rdinator 3-18-91
TYPE OR PRINT NAME Ken W. Gosnell	TELEPHONE (915) 688-5672
(This space for State Use)	
	₹. ६ ६% € 3 € 5 € 5
APPROVED BY TITLE	DATE DATE
CONDITIONS FOR APPROVAL, IF ANY:	