Dinna Office		<u> </u>	·		F 2.	某代证法	11-1-49	
DISTRICT!	19240	OIL CONSERV	TTA	ON DIVISION	WELL AM NO			
Γ_{i} C			Box 2088		30-025-02162			
P.O. Drawer DD, Artesia, NM 88210			e, New Mexi∞ 87504-2088			5. Indicate Type of Lease		
DISTRICT III 1000 Rio Brizos Rd., Azioc	ND (#1/10					STATEX	FEE	
IUU Ko Britor Ka, Abec	TOM \$1410				6 Sue Oi & B-23	Gene Lease No.		
SUN	DRY NOTIC	ES AND REPORTS (XN WE	LLS	77777777		77777	
(DO NOT USE THIS FO	RW FOR PROF	POSALS TO DRILL OR TO	DEEPE	N OR PLUG BACK TO A	7. Lease Name	or Unit Agreement Nam		
UFFE		YOURL USE "APPLICATION 01) FOR SUCH PROPOSA		ERMIT .			-	
1. Type of Well:	049	entre de la companya		dig ang differents of transferences and a section of the second section of the se	1			
ANT X	Mar [on es			STATE VA	CUUM UNIT		
2. Name of Operator	CAC COMB	(NTS)			& Well No.			
ARCO OIL AND 1. Address of Operator	GAS COMPA	TIVY			9. Pool name o	r Wildred		
BOX 1710 HOBBS, NEW MEXICO 88240				VACUUM GRBG S				
4. Well Location	000	MADEH		220		71.07		
Unit Letter A	: 990	Fod From The NORTH		line and330	Foot Fro	The EAST	L	
Section 31		Township 17S	R:	34E	NIMOP M I	ÆΑ	C	
	/////////	//// 10. Elevation (Show	whether	DF, RKB, RT, GR, etc.)		VIIIIIIII	County	
		4080.5' 0				<u> </u>		
11.		opropriate Box to Ind	licate l					
NOTIC	E OF INTE	ENTION TO:		SUBS	SEQUENT	REPOR T OF :		
PERFORM REMEDIAL WO	RK []	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	J	
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING	OPHS.	PLUG AND ABANDA	CHIMENT	
CASING TEST AN				CASING TEST AND CEL	BOLT/BN			
OTHE R:						·	1	
12. Describe Proposed or Commont SEE RULE 1103.	ip'sted Operative	is fillearly state all pertinent d	cialis, en	d give potinent dates, includi	ing estimosted date i	of starting any proposed		
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ON 9/22/87 TH	IS WELL V	AS CONVERTED FRO	M INJ	JECTION TO A PROI	DUCER.DUE	TO LACK OF		
PRODUCTION WE				NDING EVALUATION				
						•		
~ 						•		
I hereby certify that the information	المعاملة على مريد الم	complete to the had of my branch	dee med h	elid.				
I have tally use the incommon						0/01/00		
SIONATURE	11/201		mu	Administrative	Superviso	r DATE 8/31/90		
TYPE COR PERSON NAME						TELEPHONE NO.	·····	
(This space for State Use)								
						•		
APTHOVED BY			m.			DATE		
CONDITIONS OF APPROVAL, IF AN	n							