Energy, N cals and Natural Resources Department	Form C-103
i Submit 3 Copies	Revised 1-1-89
to Appropriate District Office OIL CONSERVATION DIVISION	WELL API NO.
DISTRICT I P.O Box 2088	30-025-28218
P.O. Box 1988, Hobbs, NM 88240 Santa Fe, New Mexico 87504-2008	5. Indicate Type of Lease
DISTRICT II  P.O. Drawer DD, Artesia, NM \$8210	STATE X FEE
	6. State Oil & Gas Lease No.
<u>DISTRICT III</u> 1998 Rio Brazos Rd., Aztec, NM 87410	E-1447
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	
(FORM C-101) FOR SUCH PROPOSALS)	State Vacuum Unit
1. Type of Well: OlL GAS GAS	
WELL WELL other  2. Name of Operator	8. Well No.
ARCO OIL and GAS COMPANY	24
3. Adress of Operator	9. Pool Name or Wildcat
P.O. Box 1610, Midland, Texas 79702	Vacuum Grbg SA
4. Well Locastion	
Unit Letter <u>L</u> : 1690 Feet From The South Line and 330	Feet from The West Line
Section 32 Township 17S Range 34E NMPM	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
4078.5 GR	
11. Check Appropriate Box To Indicate Nature of Notice, Report	, or Other Data
NOTICE OF INTENTION TO:	EQUENT REPORT OF:
	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	OB
(Other) (Other)	x
12. Describe Proposed or completed Operations (Clearly state allpertinent dates, including estimated date of starting of	ny proposed
work) SBB RULE 1103.	
4-27-91. RUCU. POH w/prod equip. Acidize SA-GR perfs 4568-4792 w/3750 gal. RIH w/pr	od equip. RDCU 5-1-91.
7.00.01 T. 04.1	
5-09-91. In 24 hrs pmpd 47 BO, 64 BW, 0 MCF.	
5-09-91. In 24 nrs pmpd 47 BO, 64 BW, 0 MCF.	
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18. I hereby certify that the information above is true and complete to the best of my knowledge and belief	5 /1 2 /01
	ator <sub>DATE</sub> 5/13/91
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief	ator pate 5/13/91  TELEPHONE (915) 688-5672
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief  SIGNATURE TITLE Regulatory Coording  TYPE OR PRINT NAME Ken W. Gosnell	
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief  SIGNATURE THE ACCUPATION CONTROL TITLE Regulatory Coordinates.	теlернопе (915) 688-5672
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief  SIGNATURE TITLE Regulatory Coording  TYPE OR PRINT NAME Ken W. Gosnell	твlерноме (915) 688-5672