Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I OIL C	ONSERVATIO	N DIVISION	
P.O. Box 1980, Hobbs NM 88240 P.O. Box 2088			WELL API NO. 30-025-32515
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease
DISTRICT III			STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410			o. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name STATE B 1576
1. Type of Well: OIL GAS WELL WELL WELL	OTHER		31716 1370
2. Name of Operator ARCO Permian			8. Well No.
3. Address of Operator P.O. Box 1710, Hobbs, New Mexico 88240			9. Pool name or Wildcat VACUUM DRINKARD
4. Well Location Unit Letter M : 500 Feet From	om The S	Line and 418	Feet From The W Line
Section 32 Township 17S Range 35E NMPM LEA County			
Section 32 Township 173 Range 33E NMPM LEA County  10. Elevation (Show whether DF, RKB, RT, GR, etc.)  3968' GR			
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG	AND ABANDON	REMEDIAL WORK	
	GE PLANS	COMMENCE DRILLING	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CE			
OTHER: OTHER: BRADENHI			
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed			
12. Describe Proposed or Completed Operations (Cle work) SEE RULE 1103.	arly state all pertinent deta	ils, and give pertinent dates	, including estimated date of starting any proposed
TD: 8150' PBD: 8093' PERFS: 7634-7999'			
06/20/96: CONDUCTED BRADENHEAD TEST VACCUM FIELD.			
WITNESSED BY ARCO PERSONNEL T.L. KEMP			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Millie W. Munish	, тті	E Administrative Assist	ant DATE 06/21/96
TYPE OR PRINT NAME Kellie D. Murtish TELEPHONE NO. 505-391-16			
(This space for State Use) ORIGINA			
(This space for State Use)  ORIGINAL SIGNAPROVED BY	NED DY		JUN 26 1996
APPROVED BY	NK mi	.E	DATE