Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-59

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088 WELL API NO. 30025042220%

P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410				5. Indicate Type of	Losse	
				6. State Oil & Gas	STATE FEE X	
				S-NM-56		
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		
1. Type of Well:		I) FOR SUCH PHOPOSALS.)	_		
MET X	MET [OTHER		WILLIAM I	P. BYRD	
2. Name of Oper				8. Well No.		
ARCO OIL AND GAS COMPANY 3. Address of Operator				9. Pool name or Wildcat EUNICE MONUMENT		
	O, HOBBS, NEW M	EXICO 88240			SAN ANDRES	
4. Well Location		270 - 270		-	DIM IMPRES	
Unit Lett	ter <u>D</u> : <u>330</u>	Feet From The NORTH	Line and990	Feet From 1	The WEST Line	
Section	11	Township 20S	Range 36E	NMPM I	LEA County	
		,,,,,	ether DF, RKB, RT, GR, etc.)			
	Charle Am	3598' GL	oto Motoro o CNI di un D			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
NOTICE OF INTENTION TO. SUBS				SEQUENT RE	PORT OF:	
PERFORM REME	DIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	□ ^	LTERING CASING	
TEMPORARILY A	BANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. P	PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING TEST AND CE				BOL TABME		
OTHER: OTHER: TEMPORARI					X	
12. Describe Propo work) SEE RU	sed or Completed Operation Л.Е 1103.	(Clearly state all persinent deta	ils, and give pertinent dates, includ	fing estimated date of s	tarting any proposed	
5-22-89	and RIH w/gaug	ge ring in 5" line	d pump. NU BOP and er to 3840'. POH v H w/tool and RD Be	w/ring. RIH	w/CIBP and set	
5-23-89	5-23-89 RIH w/tbg and tagged CIBP. Laid down 1 jt 2-7/8" tbg. Circ. well w/8.6# brine and C-193. Tested csg to 300# for 15 min and chart recorded results. Csg tested okay. POH w/tbg laying down on racks. Well TA'd w/CIBP 5-23-89. Left 2-7/8 EUE 8rd J-55 tbg sub in well head w/collars on each end. Capped tbg w/valve. R.D.					
	Pressure chart	attached.				
_					· —	
I hereby certify that t	the information above is true and	complete to the best of my knowledg	e and belief.			
SIGNATURE	am O. Con		me Services Supe	ervisor	5-26-89	
TYPE OR PRINT NAM	James D. Cogl	ourn			TELEPHONE NO. 392-3551	
(This space for State	That	D BY JERRY SEXTON			MAY 0.0 4000	

TILE .

APTROVED BY-CONDITIONS OF APPROVAL, IF ANY:

DISTRICT I SUPERVISOR