Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office			
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2		RVATION DIVISION	WELL API NO.
		U. Box 2088 wy Mexico 87504-2088	30-025-05981
P.O. Drawer DD, Artesia, NM 88210 5. Indicate Typ			5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Azzoc, NM 87410 6. State Oil & Ges 1			6. State Oil & Ges Lesse No.
SUNDR			
DIFFEREN	FOR PROPOSALS TO DRILL OR IT RESERVOIR. USE "APPLICATI (FORM C-101) FOR SUCH PROPO		7. Lease Name or Unit Agreement Name
1. Type of Well: OL	DAS OTHER		Bertha J. Barber
2. Name of Operator	· ···		8. Well No.
ARCO Oil and Gas Company			18
			9. Pool same or Wildcat Monument Paddock
4. Well Location	, , , , , , , , , , , , , , , , , , , ,		Tionsand Tuddock
Unit Letter H	: 1650 Feet From The	North Line and 33	O Feet From The East Line
Section 7	Township 2	OS Range 37E ;	NMPM Lea County
		Show whether DF, RKB, RT, GR, etc.)	
		3554 GR	
	•• •	Indicate Nature of Notice, Re	•
NOTICE	OF INTENTION TO:	20B	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABAND	ON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. DPLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEMENT JOB			MENT JOB
		nden faddack zone D	
12. Describe Proposed or Complet	ted Operations (Clearly state all pertin	sent details, and give pertinent dates, includ	ling estimated date of starting any proposed
work) SEE RULE 1103.	TD 5250', PBD 5218	8', Perfs 5142-5200'	
	CIBP @ 5128' with 35 test to 500#. Would		g. Load hole with 2% KCL
10/26/92 - Cont	act OCD for permissi	ion to test casing at 35	570' to PBTD.
		ker at 3570' and test ca 3584' with 35' cement or	asing to 500# for 30 minutes. n top of plug.
Shut	in to re-evaluate p	procedure to recomplete	to Eumont.
Monu	ment Paddock P&A - (Chart Attached	
I hereby certify that the information at	bove is true and complete to the best of my	knowledge and belief.	
SIGNATURE A	yla	me Operations Coo	
TYPEGE PROTI NAME Jame	s D. Cogburn		(505) TELEPHONE NO. 391–1600
(This space for State Use) - 公民業	INAL NGNED BY JERRY SE) #33 Right I supervisor	KTON	DEC 0 2 '92
APPROVED BY			DATE
CONDITIONS OF AFFROVAL, IF ANY:			

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