State of New Mexico	Form C-103
Submit 3 Copies Energy, Lerals and Natural Resources Department	Revised 1-1-89
to Appropriate District Office OH CONICEDE ATTOM DESTRUCTOR	WELL API NO.
OIL CONSERVATION DIVISION	
P.O. Box 1980, Hobbs, NM 58240	30-025-31594
Santa Fe, New Mexico 87504-2008	5. Indicate Type of Lease
P.O. Drawer DD, Artesia, NM 88210	STATE FEE X
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.
Total and Field and Field and Field	
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)	Colmon
1. Type of Well:	Selman
OIL GAS WELL WELL Other	
2. Name of Operator	8. Well No.
ARCO OIL and GAS COMPANY	1
3. Adress of Operator	9. Pool Name or Wildcat
P.O. Box 1610, Midland, Texas 79702	Wildcat
4. Well Locaztion	
Unit Letter <u>G</u> : 1980 Feet From The <u>North</u> Line and <u>1980</u>	Feet from The <u>East</u> Line
Section 18 Township 19S Range 39E NMPM	Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
3501 GR	
Check Appropriate Box To Indicate Nature of Notice, Report,	or Other Data
NOTOF OF DEPL TO L	
	EQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEMENT JO	OB X
(Othor)	
(Other) (Other)	
 Describe Proposed or completed Operation Clearly state all pertinent dates, including estimated date of starting a work) SEE RULE 1103. 	ny proposed
Core #1 f/3050-3105 #2 f/3105-3165	
TD'd 7-7/8 hole at 3400' 5-24-92. Ran OH logs. Ran 5-1/2 17# to 3400. Cmt'd w/550 sx 50/+ .02 gal M45 (12.5 ppg, 1.76 yld) followed by 230 sx C w/0.5% D60 (14.8 ppg, 1.32 yld). C	50 POZ C w/3% CC + 0.2 gal D604 Circ 10 sx cmt to surf. RR 5-27-92.
6 15 02 DIJOU Deef (D022 216) 4 19 4202 1	
6-15-92. RUCU. Perf f/2933-3161. Acidize w/1000 gals.	
1 If hereby certify that the information above is true and complete to the best of my knowledge and belief	
n' and n	otor 0.5 oc
SIGNATURE Ken W Joshill TITLE Regulatory Coordinates	Ator 8-25-92
TYPE OR PRINT NAME Ken W. Gosnell	TELEPHONE (915) 688-5672
(This space for State Use)	
ORIGINAL SIGNED BY JERRY SEXTON	
ALCONOT I CLIPERVISUR	ALLE O O 200
PPROVED BY	DATE AUG 28'92

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