Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-8

District Office		•		Revised	1-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATION		WELL API NO.		
DISTRICT II	Santa Fe, NM	**	30	-025-08867	
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III			5. Indicate Type	STATE	FEE X
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & G		
	ICES AND REPORTS ON WEL				
(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 D.D. HARRINGTON		
1. Type of Well: OIL GAS WELL X	OTHER		J.J. IFWIII	eron	
2. Name of Operator ARCO Permian			8. Well No.		
3. Address of Operator P.O. Box 1089 Eunice. NM 6	10221		9. Pool name or		
4. Well Location			JALIAI IANS	IL YATES SRO GAS	<u> </u>
Unit Lotter <u>E</u> : 1980	Feet From The N	Line and 66	Poot Fro	om The W	Line
Section 10	Township 22S R	ange 36E 1	NMPM	LEA	0
	10. Elevation (Show wheth	er DF, RKB, RT, GR, etc. 3557° GL)		County
11. Check Ap	propriate Box to Indicate		Report or (Other Date	
NOTICE OF IN	ITENTION TO:			REPORT OF	2 <u>.</u>
PERFORM REMEDIAL WORK	DU ING AND ADANDON		X		• –
TEMPORARILY ABANDON	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	<u></u>
PULL OR ALTER CASING	CHANGE PLANS L	CASING TEST AND CEN		PLUG AND ABANDO	NMENT
OTHER:	OTHER: SET CIBP/				
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	rations (Clearly state all pertinent det			nated date of starting as	ly proposed
TD: 3794' PBD: 3700'	PERFS: 3183-3620°				
131 3131 3131					
08/07/97: SET CIBP @ 37: 08/08/97: PERF JALMAT I	35 W/35" CHT ON TOP TO ISOL NTERVAL 3183-3620" (.40 HOL	LATE EUNICE SOUTH P	ERFS.	176	
W/3400 GALS 1	5% HCL. frac W/170.500# 1	2/20 SAND AND 114 T	ONS COS	175	
08/11/97: RIH W/2-3/8"	TBG AND SET # 3544'. FIRST	T DATE OF PRODUCTIO	N 08/21/97.		
I hereby certify that the information above is tru	to and complete to the horace				
SIGNATURE	· · · · · ·	and boliof. **E Administrative A	ssistant	DATE08/2	9 /9 7
TYPE OR PRINT NAME Kelle D. Mury				TELEPHONE NO. 505-3	
(This space for State Use)			<u> </u>		<u> </u>
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