Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of Nev Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	•	VCASSGT 1-1-9A
DISTRICT I P.O. Box 1980, Hobbs NM 88240	CONSERVATION DIVISIO	WELL API NO.
DISTRICT II	P.O. Box 2088 Santa Fe, New Mexico 87504-2088	30-025-26624
P.O. Drawer DD, Artesia, NM 88210		5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No.
SUNDRY NOTICES AN	D 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: OIL WELL GAS WELL X	OTHER	STATE 157 D
2. Name of Operator ARCO Permian		8. Well No. 13
3. Address of Operator P.O. Box 1710, Hobbs, New Mexico 88240		9. Pool name or Wildcat EUMONT YATES SRQ GAS
4. Well Location Unit Letter I : 1980 Feet F	From The S Line and 330	Feet From The E Line
Section 12 Town	ship 22S Range 36E	NMPM LEA County
	10. Elevation (Show whether DF, RKB, RT, GR, 3455.4' GR	, etc.)
11. Check Appropria	ate Box to Indicate Nature of No	otice, Report, or Other Data
NOTICE OF INTENTION	A >	SUBSEQUENT REPORT OF:
ERFORM REMEDIAL WORK PLU	G AND ABANDON REMEDIAL WOR	₽ -
	INGE PLANS COMMENCE DRI	T ADIENTIA CASINA
ULL OR ALTER CASING		
OTHER:	CASING TEST AN	DIVIND BROOMS
12. Describe Proposed or Completed Operations (C		INKARD, RECOMPLETE EUMONT It dates, including estimated date of starting any proposed
		surving estimated date of starting any proposea
TD: 6750' PBD: 6700' PERFS: 6516-6628' (3674' 3293-3474' (Eumont)		
07/26/95: Set CIBP @ 6490' w/35 sxs Class H of f/30 mins chart attached.	cmt. Set 2nd CIBP @ 3674'. Press test to 50	0#
08/04/95: Perf Eumont interval 3293-3474 w/3; 15% HCL. Frac w/181,040# 12/20 Brady and 1	3 shots, .40 hole size. Stimulated w/6600 gals 110 tons CO2.	s
hereby certify that the information		
I hereby certify that the information above is true and compl	•	
SIGNATURE THE STATE STATE SIGNATURE	TITLE Administrative A	Assistant DATE 10/30/95
TYPE OR PRINT NAME Kellie D. Murrish	•	TELEPHONE NO. 391-1649
(This space for Standard Stand	Ex Const.	
Dib a literatives,		NOV 03 199
APPROVED BY	TITLE	DATE NUT US DE

__ TITLE

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