Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		· · · · · · · · · · · · · · · · · · ·	resources Departin	One		KC413CU 1-1-03	
DISTRICT I	OIL CONSERV	ATIC	ON DIVISION				
P.O. Box 1980, Hobbs NM 88241-1980	2040]	WELL API NO.	-025-30399				
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe	, NM	87505	5. Indicate Type			
DISTRICT III					STATE	FEE	
1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil & G	as Lease No.		
	ICES AND REPORTS						
(DO NOT USE THIS FORM FOR PRODIFFERENT RESERVED.)	RVOIR. USE "APPLICATION	FOR PER	OR PLUG BACK TO A RMIT"	7. Lease Name o	r Unit Agreeme	nt Name	
·	-101) FOR SUCH PROPOSA	LS.)		MCDONALD WA	STATE		
1. Type of Well: OIL GAS WELL	OTHER						
2. Name of Operator				8. Well No.			
ARCO Permian					31		
3. Address of Operator	E0000			9. Pool name or			
P.O. Box 1610 Midland, TX 4. Well Location	79702		· · · · · · · · · · · · · · · · · · ·	JALMAT CAS	POOL		
Unit Letter A : 660	Feet From The1	NORTH	Line and 66	O Feet Fro	m The	EAST	_ Line
							. 2
Section 14	Township 22S		nge 36E r DF, RKB, RT, GR, etc.)	NMPM	AZI	Community	ounty
	10. Elevation (She		T DF, KKB, KI, GK, etc.)				
11. Check Ap	propriate Box to Inc	dicate I	Nature of Notice,	Report, or C	ther Data		
NOTICE OF INT			1	SEQUENT			
	DI 110 AND ADAMS	. 🗀					г
PERFORM REMEDIAL WORK	PLUG AND ABANDON	' 닏	REMEDIAL WORK	닏	ALTERING C	ASING	Į
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING	OPNS.	PLUG AND A	ABANDONME	NT [
PULL OR ALTER CASING			CASING TEST AND CE	MENT JOB			
OTHER: SHUT IN WELL		x	OTHER:				[
12. Describe Proposed or Completed Operawork) SEE RULE 1103.	ations (Clearly state all pert	inent deta	ils, and give pertinent date	es, including estim	ated date of star	rting any prop	osed
PLANS ARE TO SHUT-IN THIS	S WELLBORE TO RELEASE	THE A	CREAGE FOR THE #40	•			
IF THE #40 IS SUCCESSFUL	WE WITH TURN TO THE	e wertee	No.				
11 11E #40 15 5002E55F0B	AG MIND HERA IN THE	o Mening	ARC.				
I hereby certify that the information above is true	and complete to the best of my kno	owledge and	belief.				
SIGNATURE SILLIV	Ell. Charles	ml	REG/COMP, ANALYS	ST	DATE	3/15/01	
TYPE OR PRINT NAME ELIZABETH A. (CASERGER				TELEPHONE NO.	015 600 -	
			PASC + 1 2 2 2		ALIAN HONE NO.	915-688-5	<u>15/0</u>
(This space for State Use)			OMICHMAN (995) GAFN Veb	;1. : : : : : : : : : : : : : : : : : : :			
			PLETD SEE		1.	•	
APPROVED BY		TITLE			DATE		

CONDITIONS OF APPROVAL, IF ANY: