State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-03451 ✓

5. Indicate Type of Lease
STATE [X]   FEE [ ]

6. State Oil & Gas Lease No.
B-1581

SUNDRY NOTICES AND 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 [X]   GAS WELL [ ]   OTHER

Endura DE State

2. Name of Operator
ARCO Oil and Gas Company

8. Well No.
3

3. Address of Operator
P.O. Box 1710 - Hobbs, New Mexico 88241-1710

9. Pool name or Wildcat
Eumont Yates 7RQ

4. Well Location

Unit Letter __J__ : __1650__ Feet From The ___South___ Line and __2090__ Feet From The ___East___ Line

Section __12__   Township __21S__   Range __35E__   NMPM   Lea   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3584' GR

11.   Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK [X]	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 JOB [ ]		
OTHER: _____ [ ]			OTHER: _____ [ ]		

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD 3893', PBD 3884', Perfs OH 3719'-3884'

Perforate additional Eumont within intervals 3345' to 3884' and stimulate.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____ TITLE _Operations Coordinator_ DATE __10/07/92__

TYPE OR PRINT NAME _James D. Cogburn_   TELEPHONE NO. (505) 391-1600

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: