Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office			
DISTRICT I P.O. Box 1980, Hobbs NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-025-04669
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease No.
ALVED VIOLE	TOPE AND REPORTS ON WELL	1 9	
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 COLEMAN
1. Type of Well: OIL GAS WELL X OTHER			
2. Name of Operator ARCO Permian			8. Well No.
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 C 990	Feet From The NORTH	Line and 1650	Feet From The WEST Line
Section 17	Townshin 21S R	ange 36E	NMPM LEA County
	10. Elevation (Show whether	er DF, RKB, RT, GR, ew.)
<u> </u>	. A. Dan to Indicate	Noture of Notice	a Report or Other Data
	ppropriate Box to Indicate		
NOTICE OF INTENTION TO:			BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLI	NG OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	
OTHER:		OTHER: Add Perfs	and Stim
12. Describe Proposed or Completed (work) SEE RULE 1103.	Operations (Clearly state all pertinent det	ails, and give pertinent dat	tes, including estimated date of starting any proposed
TD: 4015' PBD: 4015 PERFS:	3000-3295', 3322-3609'		
06/18/96: Added perfs using 22 st 06/21/96: Stim new perfs w/4000 12/20 Resin, and 166 tons CO2. 06/25/96: Ran in 2-3/8" tog to 360 07/31/96: In 24 hrs flow'd 0 BO,	gals 15% nsr Dowell acid. Frac w/220 00'.	5,400 12/20 Brady, 34,8	40
I hereby certify that the information above	is true and complete to the best of my knowled		sistant DATE 08/09/96
SIGNATURE THE THE	Munch T	TLE Administrative Ass	
TYPE OR PRINT NAME Kellie D. Mult	<u>ish</u>		TELEPHONE NO. 391-1649
(This space for State Use)			AUG 1 % 1880
APPROVED BY	т	mle	DATE