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 I P.O. Box 1980, Hobbs NM 88240	OIL CONSERVATIO P.O. Box 20	88	WELL API NO. 30-025-32834	
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	FEE X
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 N ERNEST C.ADKINS	Vame
1. Type of Well: OIL WELL GAS WELL X	OTHER		LINEST G.ABRING	
2. Name of Operator ARCO Permian			8. Well No. 13	
3. Address of Operator P.O.BOX 1610, MIDLAND,	TX 79702		9. Pool name or Wildcat EUMONT YATES/SR/QU	EEN
4. Well Location Unit Letter B : 1051	Feet From The NORTH	Line and 1980	Feet From The EAST	Line
Section 9	Township 21S Ra	ange 36E	NMPM	LEA County
	10. Elevation (Show wheth 3585 GR	er DF, RKB, RT, GR, etc	:.)	
	opropriate Box to Indicate	1	- '	
NOTICE OF I	NTENTION TO:	SUB	SEQUENT REPORT	OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CAS	ING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. X PLUG AND ABA	NDONMENT L
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB	
OTHER:		OTHER:		
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	perations (Clearly state all pertinent det	tails, and give pertinent da	tes, including estimated date of starti	ng any proposed
SPUD 12 1/4 HOLE 02-26-95. TD'D AT 415. RAN 8 5/8 CSG TO 415. CMT'D W/ 325 SX "C" + 2%CC +1/4 CS(YLD 1.32). CIRC CMT TO SURF. WOC 11.5 HRS. EST COMPRESS STRENGTH 1575#. PRESS TEST CSG TO 1000# FOR 30 MIN. DA W/ 7 7/8 BIT.				
TD'D 7 7/8 HOLE AT 3700 1/4# CS(YLD 1.89) FOLLO	O ON 03-04-95. RIH W/ 5 DWED BY 250 SX C + 1/4#	1/2 CSG TO 3700 CS(YLD 1.32).	O. CMT'D W/ 600 SX C i	POZ +6% D20 03-05-95.
I hereby certify that the information above is	true and complete to the best of my knowledge	ge and belief.		
SIGNATURE Ken W. Go	snell to	TLE AGENT	DATE 03-	14-95
TYPE OR PRINT NAME KEN W. GOSNE	LL		TELEPHONE NO.9	5 688-5672
(This space for State Use)				
	C NATE HIS DEPRY SEXTOM CIT I BEPER HISOF		MAR	R 1 6 1995
APPROVED BY		TLE	DATE	