Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Kesources Department

Form C-103 Revised 1-1-89

DISTRICT I	OIL CONSERVAT	MOISIVIG MOIT	
P.O. Box 1980, Hobbs NM 88241-1980	2040 Pach	· + - ·	WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, N	M 87505	30-025-09138 5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE X 6. State Oil & Gas Lease No.
SUNDRY NOTI	CES AND REPORTS ON W	/ELLS	
(DO NOT USE THIS FORM FOR PRODIFFERENT RESER		EN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name HALE WN
1. Type of Well:	,		I PALE WIN
OIL GAS WELL X	OTHER		
2. Name of Operator			8. Well No.
ARCO Permian 3. Address of Operator			9. Pool name or Wildcat
P.O. Box 1089 Eunice. NM 8	8231		JALMAT TAN YATES SRO GAS
4. Well Location Unit Letter K : 1650	Feet From The S	Line and169	50 Feet From The W Line
Section 34	Township 22S	Range 36E	NMPM LEA County
		ether DF, RKB, RT, GR, etc	
II. Check An	monriote Deute Indiae	3490° DF	
The Appropriate Box to indicate Nature of Notice, Report, or Other Data			
NOTICE OF IN	TENTION TO:	208	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONIMENT
PULL OR ALTER CASING		CASING TEST AND CE	
OTHER:		OTHER: TEMPORARIL	
 Describe Proposed or Completed Oper work) SEE RULE 1103. 	ations (Clearly state all pertinent	details, and give pertinent dat	es, including estimated date of starting any proposed
TD: 3594' OH 3144-3594'			
TD: 3594° OH 3144-3594°			
02/13/93: TEMPORARILY ABANDON			
06/17/97: RU KILL TRUCK. PRESS CSG TO 540# FOR 30 MINS. HELD OK. CHART ATTACHED			
			And the second
		This Approval of T Thandenment Expire	amporary / ~ / ~ ~
	Ţ	Mis Approvation of the Mandan Tourist Expire	1 1 1000
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		:	•
I bereby certify that the information shows in to-	e and complete to the heat of my beautiful	edge and balish	
I bereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE DILLE W. TITLE ADMINISTRATIVE ASSISTANT DATE 06/26/97			
,		TITLE ADMINISTRATIVE A	SSISTANT DATE 06/26/97
TYPE OR PRINT NAME KELLIE D. MURRISH TELEPHONE NO. 505-394-1649			
(This space for State Use)			
			'UL & 7 1997
APPROVED BY	1	mle	DATE