Submit 3 Copies to Appropriate	State of New Me Energy, Minerals and Natural		Form C-103 Revised 1-1-89		
District Office					
DISTRICT I	OIL CONSERVATION	ON DIVISION	WELL API NO.		
P.O. Box 1980, Hobbs NM 88241-1980	2040 Pacheco	St.	Į.		
DISTRICT II	Santa Fe, NM	87505	30-025-09143 5. Indicate Type of Lease		
P.O. Drawer DD, Artesia, NM 88210			STATE X FEE		
DISTRICT III			6. State Oil & Gas Lease No.		
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.		
OUNDRY NOT	ICES AND REPORTS ON ME	110			
	ICES AND REPORTS ON WE				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"			7. Lease Name or Unit Agreement Name		
(FORM C-101) FOR SUCH PROPOSALS.)			CURRAN JONES WW		
1. Type of Well:					
OIL GAS WELL X	OTHER				
2. Name of Operator	OTILA		8. Well No.		
_			1		
ARCO Permian			9. Pool name or Wildcat		
3. Address of Operator			JAIMAT YATES GAS POOL		
P.O. Box 1610 Midland, TX	79702		JAIMAL TAILS GAS FOOL		
4. Well Location Unit Letter A : 990) To The MORTH	Line and99	Feet From The EAST Line		
Unit Letter A : 990	Feet From The NORTH	Line and	Feet From The Line		
Section 34		ange 36E	NMPM IEA County		
	10. Elevation (Show wheth	er DF, RKB, RT, GR, etc.)			
11. Check Ar	propriate Box to Indicate	Nature of Notice,	Report, or Other Data		
NOTICE OF IN	· • •		SEQUENT REPORT OF:		
NOTICE OF IN	TENTION TO.	302	orgoria includiti		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	_		
PULL OR ALTER CASING	<u></u>	CASING TEST AND CE	MENT JOB		
OTHER: SHUT IN WELL	X	OTHER:			
12. Describe Proposed or Completed Ope work) SEE RULE 1103.	rations (Clearly state all pertinent det	ails, and give pertinent dat	es, including estimated date of starting any proposed		
PLANS ARE TO SHUT-IN TH	IS WELLBORE TO RELEASE THE A	ACREAGE FOR THE #2.			
IF THE #2 IS SUCCESSFUL	WE WILL THEN TA THIS WELLED	ORE.			
4					

I hereby certify that the information above is true and complete to the best of my kno	owledge and belief.		
SIGNATURE Higglinthe Coha	TITLE REG/COMP. ANALYST	DATE	3/15/01
TYPE OR PRINT NAME <u>ELIZABETH A. CASBEER</u>		TELEPHONE NO.	915-688-5570
(This space for State Use)			
APPROVED BY	TITLE FALLORD	DATE	