State of New Mexico	Form C-103 Revised 1-1-89
Energy, M als and Natural Resources Department	MeAlzed 1-1-02
to Appropriate	WELL API NO.
District Office OIL CONSERVATION DIVISION	
DISTRICT I P.O Box 2088 P.O. Box 1989, Hobbs, NM 88249	5. Indicate Type of Lease
P.O. Box 1986, Hosses, NM 88244 Santa Fe, New Mexico 87504-2008	
P.O. Drawer DD, Artesia, NM 88210	STATE FRE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	o. State on & car bear its
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BAC	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	
(FORM C-101) FOR SUCH PROPOSALS)	Curran Jones Gas WN
1. Type of Well: OIL GAS	
WELL X other	e Wall Va
2. Name of Operator	8. Well No.
ARCO OIL and GAS COMPANY	
3. Adress of Operator	9. Pool Name or Wildcat Jalmat Yates Gas
P.O. Box 1610, Midland, Texas 79702	
4. Well Locaztion	
Unit Letter A : 990 Feet From The North Line and	990 Feet from The East Line
Section 34 Township 22S Range 36E	NMPM Lea County
Section 34 Township 223 Trango 302	RT, GR, etc.) ////////////////////////////////////
Old Later Des To Indicate Notice of I	Notice Papert or Other Data
Check Appropriate Box To Indicate Nature of I	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK X PLUG AND ABANDON REMEDIAL WOF	ALTERING CASING
	ILLING OPNS. PLUG AND ABANDONMENT
TEMPORARIE ABARDON	
PULL OR ALTER CASING CASING TEST A	ND CEMENT JOB
(Other) X (Other)	
12. Describe Proposed or completed Operations (Clearly state allpertinent dates, including estimated	
work) SBE RULE 1103.	
Propose to Frac 3169-3593 OH w/54,000 gals & 99,370# sd.	
Tropose to True Stoy Soys St. 11/6 1/3000 8 and St. 12/6 1 and St.	
18. I hereby certify that the information above is true and complete to the best of my knowledge	
Regul	
18. I hereby certify that the information above is true and complete to the best of my knowledge signature Ken W Lothell Title Regul	
Regul	
SIGNATURE Ken W. Gosnell TYPE OR PRINT NAME Ken W. Gosnell	atory Coordinator DATE 2-7-9/
TYPE OR PRINT NAME Ken W. Gosnell (This space for State Use)	atory Coordinator DATE 2-7-9/ TELEPHONE (915) 688-5672
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TYPE OR PRINT NAME Ken W. Gosnell (This space for State Use)	atory Coordinator DATE 2-7-9/ TELEPHONE (915) 688-5672