Submit 3 Copies to Appropriate District Office	State of Energy, Minerals and N OIL CONSERV P.O. Bo	ATION DIVI	-	nt		Form C-103 Revisied 1-1				
DISTRICT I Santa Fe, New Mexico 87504-2088										
P.O. Box 1980, Hobbs, NM 88240										
DISTRICT II					API NO. (assigned by OCD on New Wells)					
P.O. Drawer Dd, Artesia, NM 88210				0-025-0921						
DISTRICT III 1000 Rio Brazos Rd., Aztec, Nm 87410				5. Indicate Type of Lease STATE FEEX						
			F	5. State Oil & Ga	s Lease No.					
					014904					
SUNDRY	NOTICES AND REPO	ORTS ON WELLS	S							
(DO NOT USE THIS FORM				7. Lease Name or Unit Agreement Name						
	DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"									
1. Type of Weil:	C-101) FOR SUCH PROPOS	SALS.)								
OIL GAS					J.F. Janda	NCTI				
	OTHER									
2. Name of Operator			8	Well No.						
Arch Petroleum, inc.				2						
3. Address of Operator	ADD E Midland TV 70	705		Pool name or V	Vildcat					
4. Well Location	420 E, Midland, TX 79	9705	J	almat Gas						
Unit Letter D :	990 Feet From The	North i	Line and	990	Feet From The	West	Line			
Section 2	Township				NMPM	Lea	County			
	10. Elevation	(Show whether DF, RKB,	, RT, GR, etc.	)						
11 Check Ag	opropriate Box to Indecate Na	3484' GR					· · · · .			
		REMEDIAL WORK			ALTER CASING	Г	٦			
		COMMENCE DRILLING			PLUG AND ABAN		-			
		CASING TEST AND CM				L	4			
OTHER:				Abandon	nent	IX	٦			
			mporary	/.buriaom			1			
12. Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including esticated date of starting any proposed work) SEE RULE 1103.										
Description of Work:										
1) Set 5-1/2" CIBP @ 2957' w/2	sx cement									
2) Presure tested 5-1/2" casing to 540 psi for 30 minutes. (Chart attached). Test witnessed by Gary Wink. $8/(3/97)$										

3) Temporarily abandoned wellbore.

This Approval of Temporary Abandonment Expires 9-4-2037
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I hereby certify that the information a	above is true and complete to the best of my k	nowledge and belief.		
SIGNITURE	Marley TITLE	Technical Assistant	DATE:	8/25/97
TYPE OR PRINT NAME	Robin S. McCarley LLAVIS		TELEPHONE NO.	915-685-1961
ORIGINAL SIGNED D DISTRICT I SUPERVISOR			· · · ·	A 1 17
APPROVED BY	TITLE		DATE	
CONDITIONS OF APPROVAL, IF A	NY:			