Submit 3 Copies to Appropriate

APPROVED BY ___

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office				
DISTRICT I P.O. Box 1980, Hobbs NM 88240	OIL CONSERVAT		WELL API NO. 30-025-24649	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410)		6. State Oil & Gas Leas A-2614	
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 Name McDONALD WN STATE	
1. Type of Well: OIL GAS WELL WELL X] OTHER		WEDGINED WITH	
2. Name of Operator ARCO Oil and Gas Company			8. Well No. 22	
3. Address of Operator P.O. Box 1710, Hobbs, New Mexico 88240			9. Pool name or Wildcat JALMAT TANSILL YATES S RVS	
4. Well Location Unit Letter A : 990	Feet From The NORTH	Line and 660	Feet From The	EAST Line
Section 26	Township 22S 10. Elevation (Show w 3474' GR	Range 36E whether DF, RKB, RT, GR, etc.	NMPM LEA	County
11. Check A	ppropriate Box to Indic	cate Nature of Notice	e, Report, or Oth	er Data
	NTENTION TO:	§	SEQUENT REP	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALT	TERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLI	NG OPNS. L PLU	G AND ABANDONMENT
PULL OR ALTER CASING	_	CASING TEST AND C	CEMENT JOB	_
OTHER:		OTHER:		
12. Describe Proposed or Completed (work) SEE RULE 1103.	perations (Clearly state all pertinen	st details, and give pertinent dat	es, including estimated date	e of starting any proposed
TD 3600, PBD 3300, PERFS 2938	TO 3470			
ADD PERFS 2938 TO 3246, 21 .3' AND 120 TONS CO2, RAN CA w/	/" SHOTS, ACIDIZE w/3300 GA SN @ 3314	L HCL, FRAC w/186000# 1	2/20 SAND	
		an.		
TEST 12/08/93 IN 24 HRS. FLC	OWED 0 BO, 0 BW, 0 M	CF		
I hereby certify that the information above	is true and complete to the heat of my kn	owledge and helief		
	p and and complete to the over or my and	TITLE OPERATION CO	ORDINATOR	DATE 12/17/93
SIGNATURE SIGNATURE COCK	TIDN			EPHONE NO. 391-1621
THE OR FRINT NAME JAMES COGE				
(This space for State Use) ORIGINAL S	IGNED BY JERRY SEXTON RICT I SUPERVISOR			คยาก 0 + +600
APPROVED BY		_ TITLE		DATE <u>0EC 2 1 1993</u>