

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-24649
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	A-2614
7. Lease Name or Unit Agreement Name	
McDonald WN State	
8. Well No.	22
9. Pool name or Wildcat	Jalmat T. Yates Seven Rivers
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
3474' GR	

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.)

1. Type of Well:	OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator	ARCO Oil and Gas Company
3. Address of Operator	P.O. Box 1710 - Hobbs, New Mexico 88241-1710
4. Well Location	Unit Letter <u>A</u> : <u>990</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line
Section <u>26</u>	Township <u>22S</u> Range <u>36E</u> NMMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
3474' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

AMENDED REPORT

TD 3600', PBD 3550', Perfs 3172-3300'

PERFORATE ADDITIONAL JALMAT WITHIN INTERVAL 2990-3550  
AND STIMULATE

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE James D. Cogburn TITLE Operations Coordinator DATE 7/8/93  
TYPE OF PRINT NAME James D. Cogburn TELEPHONE NO. (505) 391-1600

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUL 13 1993

CONDITIONS OF APPROVAL, IF ANY: