Submit 3 Copies to Appropriate District Office

APPROVED BY\_

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

JUN 21 1994

District Office	<u> </u>		
DISTRICT I P.O. Box 1980, Hobbs NM 88240  DISTRICT II P.O. Drawer DD, Artesia, NM 88210  OIL CONSERVATION DIVISION P.O. Box 2088  Santa Fe, New Mexico 87504-2088		WELL API NO. 30-025-24650	
		5. Indicate Type of Lease  STATE FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No	
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 CURRAN JONES WN	
1. Type of Well: OIL GAS WELL WELL WELL X OTHER			
2. Name of Operator		8. Well No.	
ARCO Permian		10	
3. Address of Operator P.O. Box 1710, Hobbs, New Mexico 88240		9. Pool name or Wildcat JALMAT-YATES GAS	
4. Well Location Unit Letter C: 990 Feet From The NORT	H Line and 1650	Feet From The WES	ST Line
Section 34 Township 22S	Range 36E	NMPM LEA	County
10. Elevation (St.	how whether DF, RKB, RT, GR, etc.		
3474 GR		<u> </u>	
11. Check Appropriate Box to I	1	· - ·	
NOTICE OF INTENTION TO:	SUE	SEQUENT REPOR	ГOF:
PERFORM REMEDIAL WORK PLUG AND ABANDO	ON REMEDIAL WORK	☐ ALTERIN	g casing
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLI	ng opns. 🔲 plug an	d abandonment $\Box$
PULL OR ALTER CASING	CASING TEST AND C	EMENT JOB	
OTHER: ADD PERFS AND STIMULATE	X OTHER:		
12. Describe Proposed or Completed Operations (Clearly state all pework) SEE RULE 1103.	rtinent details, and give pertinent date	es, including estimated date of st	arting any proposed
TD:3650' PB:3645' PREF: 3206'-3624' ADD PERFS 3200'-3645'AND STIMULATE			
ADD PERES 3200 -3045 AND STIMULATE			
			•
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE BOD TY ANTHUL TITLE OPERATIONS COORDINATOR DATE 6/15/94			
TYPE OR PRINT NAME BOB MANTHEI		TELEPHONE	NO. 391-1602
(This space for State Use)			

TITLE .