Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONS		ERVATION DIVISION	WELL API NO.
DISTRICT II Santa Fe.		P.O. Box 2088 New Mexico 87504-2088	30-025-10799
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			5. Indicate Type of Lease STATE FEE
			6. State Oil & Gas Lease No.
CUMPRY NOT	IOEO ANO DEDO	770 001111711 0	<i></i>
OD NOT USE THIS FORM FOR PRO	ICES AND REPOR	ITS ON WELLS R 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 E.L. Steeler WN
1. Type of Well:	- 101/1 GH GGGH F HC	- COALS.)	E.L. Steeler WN
OIL GAS WELL	on	HER	
2. Name of Operator ARCO OIL AND GAS COMP	ANIV		8. Well No.
3. Address of Operator			9. Pool name or Wildcat
P. O. Box 1610, Midla	nd, Texas 79	702	Langlie Mattix 7RQN 63
	Feet From The	South Line and 660	Feet From The East Line
			Feet From The Lust Line
Section 19	Township 23S	Range 37E n (Show whether DF, RKB, RT, GR, etc.)	NMPM Lea County
	3316		
11. Check	Appropriate Box	to Indicate Nature of Notice, R	eport, or Other Data
NOTICE OF INT	ENTION TO:		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABA	NDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	_	
PULL OR ALTER CASING			
OTHER:		CASING TEST AND CE	EMENI JOB
		OTHER:	
 Describe Proposed or Completed Operation SEE RULE 1103. 	ions (Clearly state all pe	rtinent details, and give pertinent dates, inclu	ding estimated date of starting any proposed
10-3-92。RUPU. P & A as	follows:		
Plug Interval	<u>Cmt</u>	Remarks	
1 2860-3190	70 sx	Spot on CIBP at 3190.	Cinc hole w/10# MLE
2 1285-1385	30 sx	Spot.	CITE HOTE W/ TO# FILL.
3 0-350	200 sx	Perf at 350. Pmp cmt w	//good circ up 9-5/8" x 13 but
			out around wellhead 10' below 5/8" & 7" csg. 13 x 9-5/8" &
		9-5/8" x 7 ann full of	cmt.
Well on dry hole marker.	P&A'd 10-4-9	2.	
I hereby certify that the information above is true	and complete to the best of	my knowledge and belief.	
SKONATURB Ken Gu Gos	nell		Coordinator 12-21-92
TYPEORPRINT NAME Ken W. Gosn	ell	915	/688-5672 TELEPHONE NO.
(This space for State Use)			
		OIE & GAS	JAN 1 4 1993
CONDITIONS OF APPROVAL F ANY:	nm	TILL G GAS	INSPECTOR _{DATE}