Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

District Office OIL CONSERVATION DIVISION P.O. Box 2088	Revisied 1-1-89
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	22373
P.O. Drawer Dd, Artesia, NM 88210 DISTRICT III	API NO. (assigned by OCD on New Wells) 30-025-10852
1000 Rio Brazos Rd., Aztec, Nm 87410	Indicate Type of Lease STATE FEE X
	6. State Oil & Gas Lease No. 16233
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BA DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	C 7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:	E. C. Hill A"
OIL GAS WELL OTHER SO	
2. Name of Operator Arch Petroleum, Inc,	8. Well No.
Address of Operator 10 Desta Drive, Suite 420E MidInad, Texas 79705 4. Well Location	9. Pool name or Wildcal Sull, SA
Unit Letter O : 990 Feet From The South Line and Section 27 Township 23S Range	375
10. Elevation(Show whether DF, RKB, RT, GR, etc.)	
Check Appropriate Box to Indecate Nature of Notice, Report, or Other D NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING OTHER: CASING TEST AND CMT JOB OTHER: Temporary Aban 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. 1) Set Packer @ 3900'. CIBP @ 5200'. 2) Pressure test casing to 360 psi for 30 minutes. (Chart attached). Witnessed by OCD. SUBSEQUENT REMEDIAL WORK COMMENCE DRILLING OPNS. CASING TEST AND CMT JOB OTHER: Temporary Aban 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.	REPORT OF: ALTER CASING PLUG AND ABAN.
3) Temporarily abandon wellbore.	
	7-4-3002
Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNITURE TITLE Technical Assistant	DATE: 8/26/97
TYPE OR PRINT NAME Robin S. McCarley	TELEPHONE NO. (915) 685-1961
ORIGINAL HONED BY CHEIS WILL IN S APPROVED BY CHEIS WILL IN S CONDITIONS OF APPROVAL, IF ANY:	SEP 10.4 1997