

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. 30-025-27101 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name T.M. LANKFORD L.L.C.
2. Name of Operator ARCO OIL AND GAS COMPANY	
3. Address of Operator P.O. BOX 1710 HOBBS N.M. 88240	8. Well No. 2
4. Well Location Unit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line Section 25 Township 23S Range 36E NMPM LEA County	9. Pool name or Wildcat LANGLIE MATTIX 7RQ GB
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3341.8 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 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: ABANDON LANGLIE MATTIX <input checked="" 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.

TD. 3730, PBD 3667, PERFS 3442-3648, CIBP 3428

5-10-93 R.U. SCHLUMBERGER DUMP 35' OF CLASS C CEMENT ON THE TOP OF CIBP @ 3428

AND TEST TO 500# FOR 30 MINUTES.

ZONE ABANDON - PREPAIR TO RECOMPLETE IN JALMAT/CHART ATTACHED.

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

SIGNATURE James Cogburn TITLE OPERATIONS COORDINATOR DATE 5-8-93
TYPE OR PRINT NAME James Cogburn TELEPHONE NO. 391-1621

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JUN 9 1993
CONDITIONS OF APPROVAL, IF ANY: