Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural E-sources Department

Form C-103 Revised 1-1-80

District Office		-	Revised 1-1-89
DISTRICT I	OIL CONSERVATI		
P.O. Box 1980, Hobbs NM 88241-1980 DISTRICT II	2040 Pacheco St. Santa Fe, NM 87505		WELL API NO. 30-025-11752
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III		5. Indicate Type of Lease STATE FEE X	
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
	CES AND REPORTS ON WE		
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESER (FORM C-	POSALS TO DRILL OR TO DEEPEN VOIR. USE "APPLICATION FOR PE 101) FOR SUCH PROPOSALS.)	I OR PLUG BACK TO A RMIT"	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL WELL X GAS WELL	OTHER		WIMBERLY WN
2. Name of Operator ARCO Permian			8. Well No.
3. Address of Operator P.O. Box 1089 Eunice. NM 88	3231		9. Pool name or Wildcat JUSTIS BLY TUBB DRKD
4. Well Location Unit Letter C : 990	Feet From The N	221	
Oint Letter	Feet From TheN	Line and 231	U Feet From The W Line
Section 24	Township 25S R	ange 37E	NMPM LEA County
	10. Elevation (Show wheth	ner DF, RKB, RT, GR, etc.)	
11. Check App	propriate Box to Indicate		Report, or Other Data
NOTICE OF IN	TENTION TO:		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON		
TEMPORARILY ABANDON		REMEDIAL WORK	L ALTERING CASING L
PULL OR ALTER CASING	CHANGE PLANS L	COMMENCE DRILLING O	
		CASING TEST AND CEM	IENT JOB L
OTHER: ——————————		OTHER: TEMPORARIL	Y ABANDON MIT
 Describe Proposed or Completed Opera work) SEE RULE 1103. 	tions (Clearly state all pertinent det	alls, and give pertinent dates	s, including estimated date of starting any proposed
12/08/92: TEMPORARILY AB, 06/25/97: RU KILL TRUCK.	ANDONED LOAD HOLE AND PRESS TO 9	540# CSC NOULD NOT	C HOLD PRESSURE
			T HOLD PRESSURE.
Petest	after rypairs.	Chris Will	leane
•	•		
	This A	pproval of Tempo	rary/1/2002
	ABARGO	nment capites _	- I fel
I hereby certify that the information above is true		and belief.	
,		E ADMINISTRATIVE AS	SISTANT DATE 06/26/97
TYPE OR PRINT NAME KELLIE D. MURRI	SH		TELEPHONE NO. 505-394-1649
(This space for State Use)			
APPROVED BY	Tirot A	p.	VIL -7 1997

_ TITLE _

DATE

