State of New Mexico  Energy rals and Natural Resources Department	Form C-103 Revised 1-1-89
to Appropriate District Office OIL CONSERVATION DIVISION  DISTRICT I P.O. Box 1980, Hobbs, NM 88240 Santa Fe, New Mexico 87504-2008  P.O. Drawer DD, Artesia, NM 88210  DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	WELL API NO.  30-025-20036  5. Indicate Type of Lease  STATE FEE X  6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR 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  Ida Wimberley
1. Type of Well: OIL GAS WELL Other  2. Name of Operator	8. Well No. 15
ARCO OIL and GAS COMPANY  3. Adress of Operator P.O. Box 1610, Midland, Texas 79702  4. Well Locastion	9. Pool Name or Wilder Do Drinkand Justis Blinebry Langlie Mattix & SR-Qn-GR
Unit Letter D: 660 Feet From The North Line and 330	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3074' DF	Lea County
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PULL OR ALTER CASING CASING TEST AND CEMENT J	EQUENT REPORT OF:  ALTERING CASING  PLUG AND ABANDONMENT  OB  X
(Other) (Other) 12. Describe Proposed or completed Operation(Clearly state all pertinent dates, including estimated date of starting	
<ul> <li>12-15-92: WL set CIBP at 4927' in Blinebry side. WL set CIBP at 2871 in Seven Rivers side. Hung up WL at 2865'. Pull out of rope socket. Press test Blinebry side to 750#. Dmp'd 35' cmt on CIBP. Spot 100' cmt f/2770-2870'.</li> <li>12-16-92: RUPU. Dmp'd 35' cmt on top of WL tools f/2825-2860' in Seven Rivers side. Jet cut Blinebry 2-7/8" tbg at 2048' &amp; POH. Jet cut Seven Rivers 2-7/8" tbg at 2010'.</li> <li>12-17-92: Circ hole w/10# 32 Vis MLF. Spot 30 sx cmt f/1889-2006'. Spot 30 sx cmt f/804-919'. Spot 15 sx cmt f/0-74'. Cut off csg &amp; installed dry hole marker. P&amp;A'd 12-17-92.</li> </ul>	
18I hereby certify that the information above is true and complete to the best of my knowledge and belief  SIGNATURE    Complete to the best of my knowledge and belief   Regulatory Coordinator   DATE   1-20-93	
SIGNATURE TITLE	DATE
TYPE OR PRINT NAME Ken W. Gosnell	TELEPHONE (915) 688-5672
(This space for State Use)  APPROVED BY Crarle Carrin TITLE  CONDITIONS FOR APPROVAL, IF ANY:	INSPECTOR LEFE 2 5 1993

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