

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

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. 30-025-22061
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. NMJ-540
7. Lease Name or Unit Agreement Name EATON SW JH
8. Well No. 8
9. Pool name or Wildcat JUSTIS BLINEBRY/TUBB DRKD

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
2. Name of Operator ARCO OIL AND GAS COMPANY
3. Address of Operator BOX 1710, HOBBS, NEW MEXICO 88240
4. Well Location Unit Letter M : 990 Feet From The SOUTH Line and 330 Feet From The WEST Line Section 12 Township 25S Range 37E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3111' 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		TEMPORARILY ABANDON <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.

TA & HOLD WELL BORE FOR SECONDARY RECOVERY

6/12/91 MIRU. LAY DOWN RODS AND PUMP. SDON.

6/13/91 REMOVE WELL HEAD. NU BOP. POOH w/TBG. RUN WIRELINE GAUGE RING AND CCL TO 5780'. SET CIBP ON WIRELINE @ 5670' TO ISOLATE TUBB DRINKARD. SET CIBP @ 5020'. RIH w/TBG TO TOP OF CIBP. SDON.

6/14/91 CIRCULATE HOLE w/TREATED PKR FLUID. PRESSURE TEST CIBP TO 375# FOR 30 MIN., OK. LAY DOWN TBG. ND BOP, NU WELL HEAD. LEAVE 1 JT 2-3/8" TBG IN WELL HEAD. PRESSURE TEST WH TO 100#, OK. RDMO. CHART ATTACHED. CIBP SET @ 5670' ISOLATE TUBB DRINKARD. CIBP SET @ 5020' ISOLATE BLINEBRY.

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

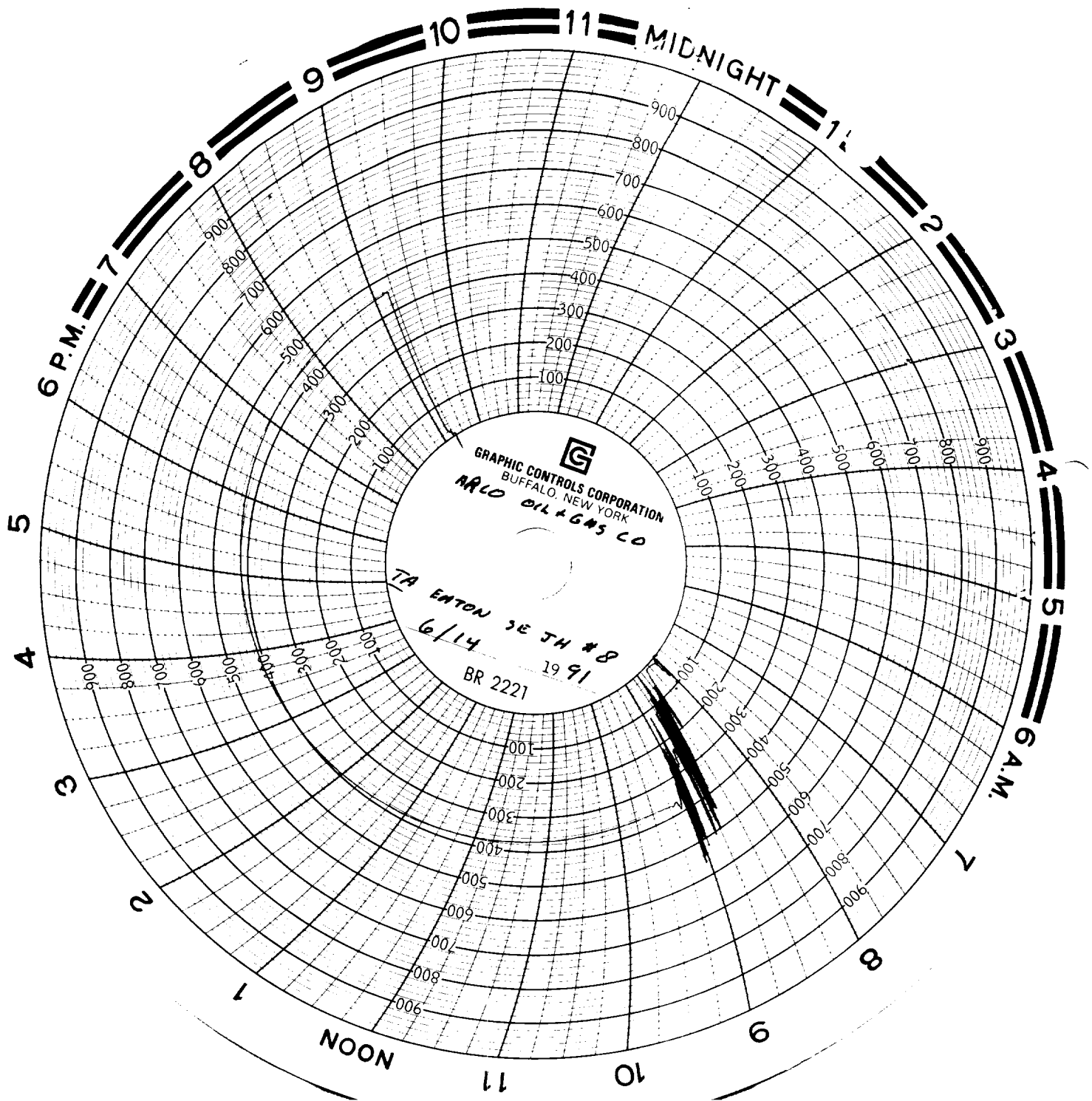
SIGNATURE James D. Cogburn TITLE Administrative Supervisor DATE 6/17/91
TYPE OR PRINT NAME James D. Cogburn TELEPHONE NO. 392-1600

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

This Approval of Temporary
Abandonment Expires 6-17-96



Transmittal/Call Slip

To	<i>James Cogburn</i>	Location
To		Location

Transmittal	<input type="checkbox"/> Approval	<input type="checkbox"/> Please see me	<input type="checkbox"/> Your recommendation
	<input checked="" type="checkbox"/> Handling	<input type="checkbox"/> Your comment	<input type="checkbox"/> Your signature
	<input type="checkbox"/> Mailing	<input type="checkbox"/> Your files	
	<input type="checkbox"/> Note & return	<input type="checkbox"/> Your information	

Call memo	<input type="checkbox"/> Telephoned	<input type="checkbox"/> Returned your call	<input type="checkbox"/> Waiting to see you
	<input type="checkbox"/> Please call	<input type="checkbox"/> Came in	Time <input type="checkbox"/> a.m.
	<input type="checkbox"/> Will call again	<input type="checkbox"/> Will come back	<input type="checkbox"/> p.m.
	Name		Phone no.
	Company		Extension

Message *Pressure built during test because of thermal expansion.*

From	<i>[Signature]</i>	Location	Date
AR3B-130/C			<i>6/14</i>