Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 300252416800

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. NMJ-540

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.)

7. Lease Name or Unit Agreement Name: EATON SE J.H.

1. Type of Well: OIL WELL [XX] GAS WELL [ ] OTHER

2. Name of Operator: ARCO Oil and Gas Company

8. Well No. 13

3. Address of Operator: P.O. Box 1710, Hobbs, NM 88240

9. Pool name or Wildcat: Justis-Blinebry

4. Well Location
Unit Letter J : 1750 Feet From The South Line and 2310 Feet From The East Line
Section 12 Township 25S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3091' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[X]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:			[ ]

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 FOR FUTURE WATER FLOOD PROJECT

1. NOTIFY NMOCD 24 HRS PRIOR TO TESTING CIBP
2. MIRU, INSTALL BOP
3. GIH W/TBG OR WL SET CIBP + 100' ABOVE EXISTING PERFS
4. POH W/1 JT TBG & CIRC W?PKR FLUID AND TEST CIBP TO ~~300~~# WITH PRESSURE CHART
5. POH W/TBG LAYING DOWN, LEAVE ONE JT HANGING IN BI BONNETT

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

SIGNATURE Kellie D. Murrish for JWC TITLE Administrative Supervisor DATE 06/12/91

TYPE OR PRINT NAME Kellie D. Murrish TELEPHONE NO. 392-1621

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: