DISTRICT

## State of New Mexico En., Minerals and Natural Resources Department



DISTRICT | P.O. Box 1980, Hobbs, NM \$8240

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO 30-025-24326

| P.O. Drawer DD, Arceia, NM \$8210  DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410  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.) |                                    |                                       | 5. Indicate Type of Lesse   | 5. Indicate Type of Lesse STATE PER X  6. State Oil & Gas Lesse No. |  |
|---|------------------------------------|---------------------------------------|---|---|--|
|   |                                    |                                       |   |   |  |
|   |                                    |                                       |   | 7. Lease Name or Unit Agreement Name                                |  |
|   |                                    |                                       | 7. Lease Name or Unit Agreement Name                                |   |  |
| I. Type of Well: OR. GAS WILL X WELL  | OTHER                              |                                       | EATON NW JH   |   |  |
| 2. Name of Operator   |                                    |                                       | 8. Well No.   |   |  |
| ARCO OIL AND GAS COMPAN  3. Address of Operator   | NY                                 | <del></del>                           | 9. Pool same or Wildow  |   |  |
| P. O. BOX 1710, HOBBS,  | NEW MEXICO 8824                    | 0                                     | JUSTIS BLINEBRY   |   |  |
| 4. Well Location  |                                    | · · · · · · · · · · · · · · · · · · · | 300110 33111311   |   |  |
| Unit Letter F : _2310   | Foot From The NORT                 | H Line and                            | 1650 Feet From The WEST   | Line  |  |
| 10  | 25.0                               | - 3A                                  | 7.71  |   |  |
| Section 12  | Township 25S                       | Range 36E<br>whether DF, RKB, RT, GR, | NMPM LEA  | County  |  |
|   | 3110' GL                           |                                       |   |   |  |
| 11. Check Ap  | propriate Box to Indi              | cate Nature of Not                    | ice, Report, or Other Data  |   |  |
|   |                                    | SUBSEQUENT REPORT OF:                 | •   |   |  |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON                   | REMEDIAL WO                           | PIK ALTERING CASIN  | G [   |  |
| TEMPORARILY ABANDON   | CHANGE PLANS                       | COMMENCE D                            | RILLING OPNS. PLUG AND ABANI  | DONMENT [   |  |
| PULL OR ALTER CASING  |                                    | CASING TEST                           | AND CEMENT JOB  |   |  |
| OTHER:  |                                    | OTHER:                                | EMPORARILY ABANDON  | [X  |  |
| 12. Describe Proposed or Completed Operation work) SEE RULE 1103.   | us (Clearty state all pertinent de | tails, and give pertinent dat         | es, including estimated date of starting any propose                | 4   |  |
| TA & HOLD WELL BORE FOR   | R WATER FLOOD PRO                  | JECT                                  |   |   |  |
| BLINEBRY PERFS: 5112-5  | 5433†                              |                                       |   |   |  |
| 4/8/91 MIRU POOH w/ROD  | os.                                |                                       |   |   |  |
|   |                                    |                                       | UGE RING AND COLLAR LOG ON w/TBG TO TOP OF BP. SDON.                |   |  |
| REMOVE BOP. NU  |                                    | T TBG IN HEAD.                        | 30 MIN. OK. LAY DOWN TBO<br>FILL HOLE W/PKR FLUID. TE<br>T @ 5040'. |   |  |
| I hereby certify that the information above is true and   | complete to the best of my knowled | ige and belief.                       |   | <del></del>   |  |
| SIGNATURE STATEMENT   |                                    | _ mu Administr                        | ative Supervisor DATE 4/11/   | 91  |  |
| TYPE OK PRINT NAME James D. Co  | gburn                              |                                       | TELEPHONE NO.   | 92-1600   |  |
| (This space for State Use)  |                                    |                                       |   |   |  |
|   |                                    |                                       |   |   |  |
| APTROVED BY   |                                    | - m.                                  | DATE  |   |  |

abindenment Expires

