Submit 3 Copies to Appropriate District Office

APPROVED BY\_

CONDITIONS OF APPROVAL, IF ANY:

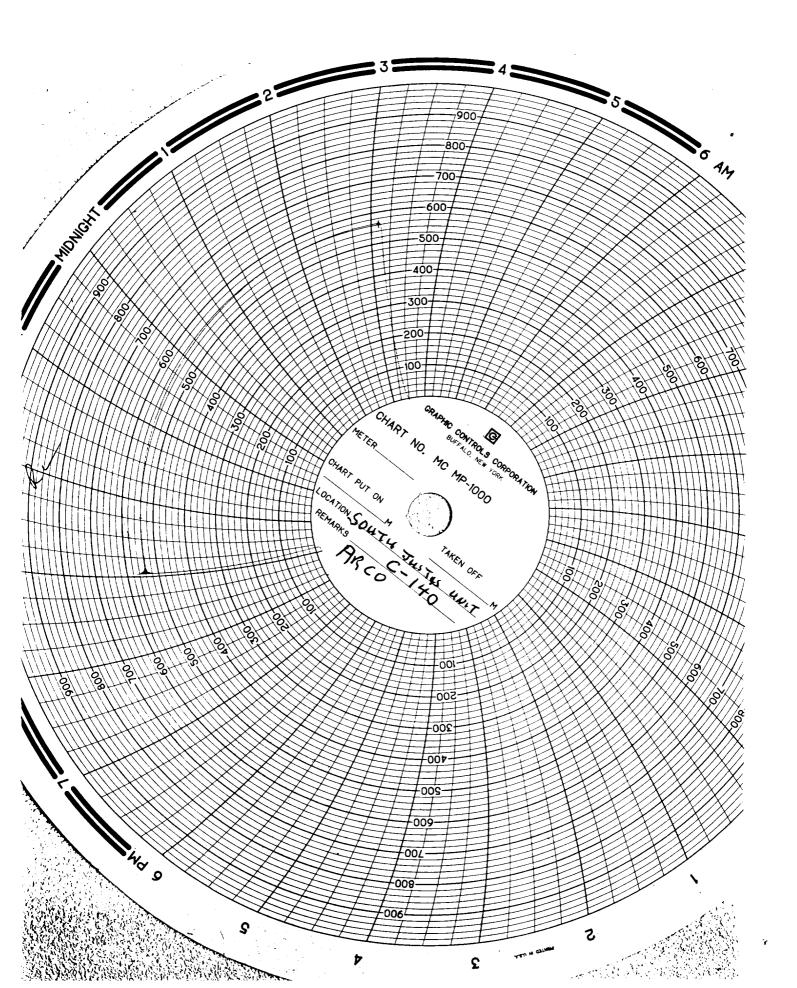
## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	0,7	•			
DISTRICT I	OIL CONSERVATI		WELL API NO.		
P.O. Box 1980, Hobbs NM 88241-1980	C E- NIM 07505		30 - 025 - 32317		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, INN	A 87303	5. Indicate Type	of Lease STATE	FEE X
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Ga	as Lease No.	
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 of	or Unit Agreement Na s Unit "C"	me
1. Type of Well: OIL GAS WELL WELL WELL	OTHER Injec	tion			
2. Name of Operator	ame of Operator				
ARCO Permian			140		
3. Address of Operator P.O. Box 1089 Eunice, NM 88	3231		9. Pool name or Justis Bline	Wildcat ebry Tubb Drkd	
4. Well Location Unit Letter 0 : 1200	Feet From The S	Line and 145	50 Feet Fro	m TheE	Line
Section 11	Township 35S R	ange 37E	NMPM	Lea	County
Section 11	10. Elevation (Show when	ther DF, RKB, RT, GR, etc			
		149' KB 3135' GL		<u> </u>	
_	propriate Box to Indica				
NOTICE OF INT	ENTION TO:	SUB	SEQUENT	REPORT OF:	•
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X	ALTERING CASING	· _
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABAND	ONMENT L
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB		
OTHER:		отнея: Repair cso	<u>add perfs</u>		
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	eration <b>sClearly state all pertinent</b> d	letails, and give pertinent	dates, including e	stimated date of star	ting any prop
4·1/2" CSG @ 6150' PBD:	6103' PERFS: 5171-6067	' PACKER: 5112'			
01/21/00: Pmp 450 sxs cm	00'. Ran cmt bond log. P nt. Did not circ etainer 1641-1652'. og.	erf well @ 1720'.			
01/27/00: Add perfs 5090	)-5140 (11 shots). Acidiz og. Set pkr @ 5048'. Ran	e all perfs w/2000 MIT. (OCD witnes	gals 15% NEF sed test and	E.	
I hereby certify that the information above is	rue and complete to the best of my know	ledge and belief.			
SIGNATURE JULIE 14. 7.	Junes L m	TLE Administrative	Assistant	DATE03/	21/00
TYPE OR PRINT NAME Kellie D. Muri	/ rish			TELEPHONE NO. 505-	394-1649
(This space for State Use)		All Comments			ر این
		s			F13.0

\_ TTTLE \_

\_ DATE \_



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