Submit 3 Copies to Appropriate

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

Form C-103 Revised 1-1-89

District Office			
DISTRICT I P.O. Box 1980, Hobbs NM 88240	OIL CONSERVATIO		WELL API NO.
DISTRICT II	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		30-025-33450
P.O. Drawer DD, Artesia, NM 38210			5. Indicate Type of Lease  STATE  FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
	TICES AND REPORTS ON WEL		
DIFFERENT RESE	OPOSALS TO DRILL OR TO DEEPEN ( ERVOIR. USE "APPLICATION FOR PER C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name  IDA WIMBERLEY GAS COM
1. Type of Well: OIL WELL GAS WELL GAS	S LL <b>X</b> OTHER		
2. Name of Operator	-		8. Well No.
ARCO PERMIAN  3. Address of Operator			9. Pool name or Wildcat
P.O.BOX 1610, MIDLAND,	TX 79702		WILDCAT Hoo
4. Well Location Unit Letter G : 1890	Feet From The NORTH	Line and 1980	Feet From The <b>EAST</b> Line
Section 25	Township 25S Ra	ange 37E	NMPM LEA County
	10. Elevation (Show wheth 3061 GR	er DF, RKB, RT, GR, e	tc.)
11. Check A	ppropriate Box to Indicate	Nature of Notice	Report, or Other Data
-	NTENTION TO:	I .	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	
	CHANGE FEARS EL	CASING TEST AND C	□
PULL OR ALTER CASING L			ENEMY 30B
OTHER:		OTHER:	
<ol> <li>Describe Proposed or Completed Opwork) SEE RULE 1103.</li> </ol>	perations (Clearly state all pertinent det	ails, and give pertinent d	ates, including estimated date of starting any proposed
SX C + ADD(YLD 2.70) F	O, ON 06-02-96. RAN OH OLLOWED BY 500 SX SUPER T. RR 06-04-96. RAN TEM	C + ADD(2.20)	1/2 15.5# CSG TO 6700. CMT'D W/900 FOLLOWED BY 300 SX C + ADD(YLD 1761.
W/35' CMT. PE	ERMIAN DETRITAL F/6583- RF ABO F/6154-6535. A W T 6056. RDPU 06-19-96.	6603. A W/2100 /7200 GALS. FLO	GALS. SWAB TEST. SET CIBP AT 6579 DW TEST. RIH W/CA:5 1/2 PKR ON 2
08-05-96.IN 24 HRS FLO	WED 854 MCF,O BO,1 BW O	N 15/64 CK & 54	40# FTP.
I hereby certify that the information above is	true and complete to the best of my knowledg	ge and belief.	
SIGNATURE Ken W. So.	snelf m	LE AGENT	DATE _08-14-96
TYPE OR PRINT NAME KEN W. GOSNE	<u></u>		TELEPHONE NO.915 688-5672
(This space for State Use)	HE SHEAY SEXTON		
APPROVED BY	t. gs.3	rle	DATE AUG SE WOL
CONDITIONS OF APPROVAL, IF ANY:			