

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                        |                                     |
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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form O-103  
Revised 10-1-78

RECEIVED

5a. Indicate Type of Lease  
State ☐ Federal ☒  
5. State Oil & Gas 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 DRY WELL. USE APPLICATION FOR PERMIT TO DRILL FORM O-101 FOR SUCH PROPOSALS)  
APR - 9 1979

|                                                                                                                                                                                                             |                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| 1. Shut In<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                                 | 7. Unit Agreement Name                                     |
| 2. Name of Operator <b>ARCO Oil and Gas Company</b><br>Division of Atlantic Richfield Company                                                                                                               | 8. Farm or Lease Name<br><b>Turner "A"</b>                 |
| 3. Address of Operator<br><b>P. O. Box 1710, Hobbs, New Mexico 88240</b>                                                                                                                                    | 9. Well No.<br><b>24</b>                                   |
| 4. Location of Well<br>UNIT LETTER <b>C</b> , <b>990</b> FEET FROM THE <b>North</b> LINE AND <b>1650</b> FEET FROM<br>THE <b>West</b> LINE, SECTION <b>19</b> TOWNSHIP <b>17S</b> RANGE <b>31E</b> N.M.P.M. | 10. Field and Pool, or Acreage<br><b>Fren Seven Rivers</b> |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br><b>3673' DF</b>                                                                                                                                            | 12. County<br><b>Eddy</b>                                  |

16. 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"/> | REMEDIAL WORK <input type="checkbox"/>                                      |
| TEMPORARILY ABANDON <input type="checkbox"/>   | COMMENCE DRILLING OPNS. <input type="checkbox"/>                            |
| PULL OR ALTER CASING <input type="checkbox"/>  | CASING TEST AND CEMENT JOB <input type="checkbox"/>                         |
| OTHER <input type="checkbox"/>                 | OTHER <u>Pipe Bradenhead to Surface</u> <input checked="" type="checkbox"/> |
| PLUG AND ABANDON <input type="checkbox"/>      | ALTERING CASING <input type="checkbox"/>                                    |
| CHANGE PLANS <input type="checkbox"/>          | PLUG AND ABANDONMENT <input type="checkbox"/>                               |

17. 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.

On 3/29/79 bradenhead was piped to surface with a valve installed for pressure check in accordance with Oil Conservation Division's casing leak survey.

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

SIGNED [Signature] TITLE Sr. Dist. Prod. Supvr. DATE 4/4/79

APPROVED BY B. W. Weaver TITLE OIL AND GAS INSPECTOR DATE MAY - 9 1979

CONDITIONS OF APPROVAL, IF ANY: