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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name T.D. Pope	
9. Well No. 6	
10. Field and Pool, or Wildcat Denton Devonian	
12. County Lea	

SUNDY 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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER- ☐

2. Name of Operator
Atlantic Richfield Company

3. Address of Operator
P.O. Box 1710 - Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER D 660 FEET FROM THE North LINE AND 330 FEET FROM
THE West LINE, SECTION 36 TOWNSHIP 14S RANGE 37E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3804' DF

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Shut-in & Temporarily Abandoned</u> <input checked="" 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.

The above well is shut in and date of temporary abandonment is unknown. Well was shut in because it was uneconomical to produce. Proposed future plans are to hold for secondary recovery project to be operated by Mobil Oil Company. Mobil is presently holding engineering meeting for a secondary recovery project.

E/ given 10/1/76

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

SIGNED D. V. Richs TITLE _____ DATE _____

Orig. Signed by D. V. Richs

APPROVED BY _____ TITLE Dist. Drlg. & Prod Supt. DATE 9-26-75

CONDITIONS OF APPROVAL, IF ANY: