COPIES RECEIVED		Form C-103 Supersedes Old
TRIBUTION		C-102 and C-103
FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		5a. Indicate Type of Lease
U.S.G.S.		State Fee X
LAND OFFICE		5. State Oil & Gas Lease No.
OPERATOR		
SL (DO NOT USE THIS FORM F USE "API	NDRY NOTICES AND REPORTS ON WELLS OF PROPOSALS TO ORILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. CLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)	7, Unit Agreement Name
I. OIL GAS WELL WELL	other. Water Injection Well	Seven Rivers Queen Unit 8. Farm or Lease Name
2. Name of Operator	•	
Atlantic Richfield	Company	9. Well No.
3. Address of Operator	New Marriage 88240	15
P. O. Box 1710, Ho	10. Field and Pool, or Wildcat	
4. Location of Well	660 FEET FROM THE South LINE AND 1980 FEET FROM	Eunice 7R Queen So.
UNIT LETTERO	. BOU FEET FROM THE BOULDTE LINE AND THE FEET PROM	
East LINE	SECTION 27 TOWNSHIP 22S RANGE 36E NMPM.	
mmmmm	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3509' GR	Lea
	lack Appropriate Box To Indicate Nature of Notice, Report or Otl	ner Data r report of:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS.	ALTERING CASING PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JQB CON	vert to WIW
OTHER		
17. Describe Proposed or Comp work) SEE RULE 1903.	eted Operations (Clearly state all pertinent details, and give pertinent dates, including	estimated date of starting any proposed

POH w/rods & tubing on 10/22/73.

Made trip w/4-3/4" bit and casing scraper to 3810' OK.

Perforated from 3690-3700' & 3711-3714' w/2 JSPF = 26 holes. Set RBP @ 3720'.

Ran tbg & set FBRC @ 3718'. Spotted 2 bbls 15% HCl-LSTNE acid 3714-3664'. Reset FBRC @ 3596'. Trtd perfs 3690-3714' w/1500 gals 15% HCl-LSTNE acid. Rel FBRC & retrieved RBP.

Ran 2-3/8" cement lined tubing & Baker Model AD-1 tension pkr set @ 3619'.

Installed injection wellhead.

Work completed 1/28/74.

Water will be injected into interval 3690-3798'.

Loaded annulus w/treated fresh water.

~.				
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNED HA Germand	TITLE Dist. Drlg. Supv.	DATE 4/3/74		
The state of the s		DATE		
CONDITIONS OF APPROVAL, IF ANY:	TITLE			