

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

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 DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.

1. OIL WELL GAS WELL OTHER

2. Name of Operator **ARCO Oil & Gas Company**
Division of 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 **990** FEET FROM
THE **West** LINE, SECTION **24** TOWNSHIP **25S** RANGE **37E** NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
Wimberly WN

9. Well No.
6

10. Field and Pool, or Wildcat
Justis Fusselman

15. Elevation (Show whether DF, RT, GR, etc.)
3082.7' GR

12. County
Lea

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 JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/>
		Cancel intent to add perf	
		Treat, install rod pump	

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.

Notice of intent approved by Mr. Les Clements on January 10, 1980 should be cancelled. Additional perforations in the Justis Fusselman zone, acidizing & installing of artificial lift equipment not to be performed at this time.

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

SIGNED *Jerry Sexton* TITLE Dist. Drlg. Supt. DATE 8/13/80

APPROVED BY Jerry Sexton TITLE Dist. 1, Supv. DATE AUG 15 1980

CONDITIONS OF APPROVAL, IF ANY: