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# 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.	

## 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 - A" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Atlantic Richfield Company		8. Farm or Lease Name J. R. Phillips "A"
3. Address of Operator P.O. Box 1978, Roswell, New Mexico 88201		9. Well No. 8
4. Location of Well UNIT LETTER <u>M</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>942</u> FEET FROM THE <u>West</u> LINE, SECTION <u>31</u> TOWNSHIP <u>19-S</u> RANGE <u>37-E</u> NMPM.		10. Field and Pool, or Wildcat Monument-McKee
15. Elevation (Show whether DF, RT, GR, etc.) 3572' 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 checked="" 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"/>	

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.

In an attempt to increase the productivity of this well, existing perforations 9528-74 & 9588-9614' were treated w/2500 gallons 15% HCl LSTNE acid. Acid job was not successful in increasing productivity.

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

SIGNED <u>A.D. Hutchins</u>	TITLE <u>Dist. Drlg. Supervisor</u>	DATE <u>3-12-70</u>
APPROVED BY <u>[Signature]</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		