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HOBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION

JUL 22 10 32 AM '69

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

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator Atlantic Richfield Company 3. Address of Operator P. O. Box 1978, Roswell, New Mexico 88201 4. Location of Well UNIT LETTER M , 660 FEET FROM THE South LINE AND 942 FEET FROM THE West LINE, SECTION 31 TOWNSHIP 19-S RANGE 37-E NMPM.	7. Unit Agreement Name 8. Farm or Lease Name J.R. Phillips "A" 9. Well No. 8 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 checked="" 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"/>	

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.

Water production has increased on this well to a point where a casing leak and packer failure is suspected. We propose to pull tubing and packer, locate and isolate casing leak. Squeeze cement leak with 75 sx Class "C" cement, WOC, drill out and test casing to 1500#. Run tubing and packer as pulled and return well to production.

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

SIGNED Original Signed O. D. Bretches TITLE Dist. Drlg. Supervisor DATE 7-18-69

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT DATE JUL 22 1969

CONDITIONS OF APPROVAL, IF ANY: