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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 Fee

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Firm or Lease Name
Bertha J. Barber

9. Well No.
17

10. Field and Pool, or Wildcat
Monument Blinebry

12. County
Lea

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
Atlantic Richfield Company

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

4. Location of Well
UNIT LETTER I, 2310 FEET FROM THE South LINE AND 495 FEET FROM
THE East LINE, SECTION 7 TOWNSHIP 20S RANGE 37E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3551' GR

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, hold for evaluation</u> <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD 5674', PBD 5641'. Completed in Blinebry perms 5542-5557'. On test 12/10/73 well produced 182 BWP, no oil gas. Well was shut-in on 12/11/73. Holding for evaluation of possible remedial work.

Expires 10/1/75

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

SIGNED [Signature] TITLE Dist. Drlg. Supv. DATE 9/20/74

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT I DATE _____

CONDITIONS OF APPROVAL, IF ANY: