| | ▼ - ` | |
|---|--|--|
| 2. OF COPIES RECEIVED | 1 | Form C-103 |
| | - | Supersedes Old |
| DISTRIBUTION | NEW MEXICO OIL CONSERVATION COMMISSION | C-102 and C-103 Effective 1-1-65 |
| SANTA FE | | |
| FILE | | 5a. Indicate Type of Lease |
| U.S.G.S. | - | State Fee. |
| OPERATOR | 4 | 5. State Oil & Gas Lease No. |
| OPERATOR | J | A-1646 |
| CLINIDE | DV NOTICES AND REPORTS ON WELLS | |
| 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.) | | |
| USE PAPPLICAT | TION FOR PERMIT - (FORM C-TOT) FOR SOCK TROPOSIZED. | 7. Unit Agreement Name |
| OIL A GAS WELL WELL | OTHER- | |
| . Name of Operator | , Villen- | 8. Farm or Lease Name |
| Atlantic Richfield Company | | O. O. Bradley |
| Address of Operator | | 9. Well No. |
| P. O. Box 1978, R | Roswell, New Mexico | 7 |
| Location of Well | | 10. Field and Pool, or Wildcat |
| | 1650 North 480 | Hobbs-San Andres |
| UNIT LETTER, | | ET FROM |
| East | 6 19 -s 38-E | |
| THE LINE, SECT | ION TOWNSHIP RANGE | _NMPM. |
| mmmmm | 15. Elevation (Show whether DF, RT, GR, etc.) | 12. County |
| | 3641' RKB | rea |
| | A Par To La linear November of Marine Papare | or Other Data |
| | Appropriate Box To Indicate Nature of Notice, Report | |
| NOTICE OF I | NTENTION TO: SUBSEC | QUENT REPORT OF: |
| | | ALTERING CASING |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON REMEDIAL WORK | ====================================== |
| TEMPORARILY ABANDON | COMMENCE DRILLING OPNS. | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | CHANGE PLANS CASING TEST AND CEMENT JOS | rations & Acidize |
| | OTHER | |
| OTHER | | |
| on December 18 this well: Period w/500 gallons 15 | thru 21st, 1967 the following work was forated 4020-4060 w/2 JSPF = 80 holes 5% mud acid & 3000 gallons of 15% LST werage Injection Rate = 2.2 BPM. Ret pump. On 24 hour test dated 12/23/ | es performed on Treated NE HCl acid. Surned well to |
| | | .• |

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

Original Signed

O. D. Bretches

TITLE

District Drlg. Supervisor

DATE

DATE

CONDITIONS OF APPROVAL IF ANY: