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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 [X]   Fee [ ]

5. State Oil & Gas Lease No.
E-7097

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 [X]   GAS WELL [ ]   OTHER-

7. Unit Agreement Name

2. Name of Operator
Atlantic Richfield Company

8. Farm or Lease Name
State "AE"

3. Address of Operator
P. O. Box 1978, Roswell, New Mexico 88201

9. Well No.
3

4. Location of Well

UNIT LETTER **N**, **660** FEET FROM THE **South** LINE AND **1980** FEET FROM

THE **West** LINE, SECTION **36** TOWNSHIP **8-S** RANGE **36E** NMPM.

10. Field and Pool, or Wildcat
Allison-Penn.

15. Elevation *(Show whether DF, RT, GR, etc.)*
4058' DF

12. County
Roosevelt

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]

TEMPORARILY ABANDON [ ]

PULL OR ALTER CASING [ ]

PLUG AND ABANDON [X]

CHANGE PLANS [ ]

OTHER _____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]

COMMENCE DRILLING OPNS. [ ]

CASING TEST AND CEMENT JOB [ ]

OTHER _____

ALTERING CASING [ ]

PLUG AND ABANDONMENT [ ]

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.

This well was temporarily abandoned on 7/23/68. We propose to plug & abandon as follows:

Set DR plug in 415-D packer at 9602' & cap w/2 sx cement.
Shoot off and recover 5½" casing from free point (estimated 5000' recovery).
Set 30 sx cement in & out of 5½" stub.
Set 30 sx cement across 8-5/8" shoe at 4555'.
Set 10 sx cement in top of well.

Use 9#/gal salt gel mud. 8-5/8" & 11-3/4" casing strings will remain intact. Erect dry hole marker, clear and level location.

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

SIGNED _____   TITLE **Dist. Drlg. Supervisor**   DATE **2/10/71**

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: