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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 Fee

5. State Oil & Gas Lease No.
B-11478

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Atlantic Richfield Company	8. Farm or Lease Name State "Y"
3. Address of Operator P. O. Box 1978, Roswell, New Mexico	9. Well No. 3
4. Location of Well UNIT LETTER B 1650 FEET FROM THE East LINE AND 330 FEET FROM North 25 TOWNSHIP 25-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Justis-Montoya
15. Elevation (Show whether DF, RT, GR, etc.) 3079 DF	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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER _____ <input type="checkbox"/>	OTHER Acidize <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

On 12/19/67 Montoya perforations 6816-6878 were treated w/5000 gallons 15% HCl acid. Treatment was down 2" tubing w/ATP of 1700#, AIR 6.5 BPM. Recovered acid water load by swabbing. Ran Kobe pump and started well pumping on 12/22/67. On 24 hour test January 1, 1968, well pumped 40 BO & 90 BW.

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

Original Signed
SIGNED **O. D. Bretches** TITLE **Dist. Drilling Supervisor** DATE **1-3-68**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: