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

NEW MEXICO OIL CONSERVATION COMMISSION

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SANTA FE		
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U.S.G.S.		
LAND OFFICE		
OPERATOR		

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO ABANDON, TO RE-OPEN OR TO RE-ENTER A DIFFERENT RESERVOIR.
USE APPLICATION FOR REPORT ON PRODUCTION FOR SUCH PROPOSALS.

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Form of Lease Name

9. Well No. W.H. Harrison C. WN

10. Field and Pool, or Wildcat
5
Langlie Mattix Queen

12. County
Lea

OIL WELL GAS WELL OTHER

Name of Operator

Atlantic Richfield Company

Address of Operator

P. O. Box 1710, Hobbs, New Mexico 88240

Location of Well

UNIT LETTER K 1700 FEET FROM THE South LINE AND 1680 FEET FROM THE West LINE, SECTION 20 TOWNSHIP 24-S RANGE 37-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3286 DF

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

REWORK OR ALTER CASING

OTHER

PLUG AND ABANDON

CHANGE PLANS

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOBS

OTHER

ALTERING CASING

PLUG AND ABANDONMENT

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.

03/07/77 Cellar was dug out to expose the outlets of bradenheads from first string of pipe cemented in well and all subsequent heads including tubing head. Piped to ground level with 2" pipe the surface and casing heads and stenciled valves "Sur" and "Csg". Above work was performed in accordance with N.M.O.C.C. letter dated 02/21/77. Work was inspected by L. A. Clements, Oil & Gas Inspector, on 03/28/77.

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

H.L. Honea H.L. Honea TITLE Sr. Dist. Prod. Supvr. DATE March 30, 1977

Oil & Gas Insp. TITLE _____ DATE 5 1977

CO BY _____ TITLE _____ DATE _____

COPIES OF APPROVAL, IF ANY: _____