## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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| #0. 47 CBPIES SCCCIVES |        | 3   |
| DISTRIBUTION           |        |     |
| SANTA FE               |        |     |
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| U.S.G.S.               | 1/     |     |
| LAND OFFICE            |        |     |
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| DISTRIBUTION                              |  | Form C-1   |                                | Form C-103                                 |
| SANTA FE                                  |  | SANTA FE, NEW MEXICO 87501   |                                | Revised 10-1-78                            |
| FILE                                      | 7 -                                    |  |                                | 5a. Indicate Type of Lease                 |
| U.S.G.S.                                  |  |  | ECEIVED                        |  |
| LAND OFFICE                               |  | R  | ECEL                           | State Federal Fee                          |
| OPERATOR /                                | 7                                      |  |                                | 5. State Oil & Gas Lease No.               |
|   |  |  | APR - 9 1979                   |  |
| C   | INDRY NOTICES                          | AND REPORTS ON WELLS   | APR                            |  |
| IC<br>  NAT' SEU TON OO)<br>  NAT' SEU    | FOR PROPOSALS TO DESC                  | AND INCL ON SOUTH HELE OF A LOR TO A LOR TO A COPEN CHICA SUCH PROPOSA | 15 )                           |  |
| 032 *                                     | Percention For Tenant                  |  |                                | 7. Unit Agreement Name                     |
| OIL X GAS WELL WELL                       | $\neg$                                 |  | ARTESIA, OFFICE                |  |
|   |  |  |                                | 8. Farm or Lease Name                      |
| Name of Operator ARCO Oil and Gas Company |  |  |                                |  |
|   | Division of Atlantic Richfield Company |  |                                | H. E. West "B"                             |
| . Address of Operator                     |  |  |                                | 9. Well No.                                |
| P. O. Box 1710, Hobbs, NM 88240           |  |  | 21                             |  |
| Location of Well                          |  |  |                                | 10. Field and Pool, or Wildow              |
| •   | CCO                                    | G - 441-   |                                | G. Jackson OGSA                            |
| UNIT LETTER                               | ,FEE                                   | FROM THE SOUTH LINE  | IND BOU FEET PRO               | Grayburg Jackson QGSA                      |
|   |  |  |                                |  |
| West LINE                                 | , SECTION                              | TOWNSHIP 17S RA  | NGE 31E NMPN                   |  |
|   |  |  |                                |  |
| MANITARIA                                 | 15.                                    | Elevation (Show whether DF, RT,  | GR, etc.)                      | 12. County                                 |
|   |  | 3889' GR   |                                | Eddy                                       |
| 0.  | *****                                  | D. W. L. H Name  | ( Nation Report of O           | ther Data                                  |
|   |  | Box To Indicate Nature of  |                                |  |
| NOTICE                                    | OF INTENTION T                         | го:  | SUBSEQUEN                      | IT REPORT OF:                              |
|   |  |  | <b>-</b>                       | ļ  |
| PERFORM REMEDIAL WORK                     |  | PLUG AND ABANDON REMEDI  | AL WORK                        | ALTERING CASING                            |
| TEMPORARILY ABANDON                       |  | COMME  | ICE DRILLING OPNS.             | PLUG AND ABANDONMENT                       |
| PULL OR ALTER CASING                      |  | CHANGE PLANS CASING  | TEST AND CEMENT JOB            |  |
| PULL OF ALTIN CASING                      |  | 014  | Pipe Bradenhe                  | ad to Surface X                            |
|   |  |  |                                |  |
| DTHER                                     |  |  |                                |  |
| 2 Describe Proposed or Comp               | leted Operations (Clear                | rly state all pertinent details, and                                   | give pertinent dates, includir | ng estimated date of starting any proposed |
| work) SEE RULE 1103.                      | ,                                      | •  |                                |  |
|   |  |  |                                |  |
|   |  |  |                                |  |
|   |  | ed to surface with a   |                                | r pressure check in                        |
| accordance with                           | Oil Conservati                         | ion Division's casing  | leak survey.                   |  |
|   |  |  |                                |  |
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|   |  |  |                                |  |
|   | ormation shove is true                 | and complete to the best of my kno                                     | wledge and belief.             |  |
| B. I hereby certify that the init         | Dimension above is nice                |  | -                              |  |
|   | / ,                                    |  | •                              |  |
| sucure 2                                  | woll                                   | TITLE Sr. Dis  | t. Prod. Supvr.                | DATE 4/4/79                                |

OIL AND GAS INSPECTOR

MAY - 9 1979