

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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OPERATOR	

RECEIVED

APR - 9 1979

5a. Indicate Type of Lease
State Federal

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

O. E. C.
ARTERIA OFFICE

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A OIL BEARING RESERVOIR. USE "APPLICATION FOR PERMIT - 1" (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 ARCO Oil and Gas Company	8. Farm or Lease Name Turner "B"
3. Address of Operator Division of Atlantic Richfield Company P. O. Box 1710, Hobbs, New Mexico 88240	9. Well No. 51
4. Location of Well UNIT LETTER I , 2055 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 20 TOWNSHIP 17S RANGE 31E R.M.P.M.	10. Field and Pool, or Wildcat Grayburg Jackson QGSA
15. Elevation (Show whether DF, RT, GR, etc.) 3733' GR	12. County Eddy

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

OTHER

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOBS

OTHER Pipe Bradenhead to Surface

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.

On 3/29/79 bradenhead was piped to surface with a valve installed for pressure check in accordance with Oil Conservation Division's casing leak survey.

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

SIGNED [Signature] TITLE Sr. Dist. Prod. Supvr. DATE 4/3/79

APPROVED BY B W Weaver TITLE OIL AND GAS INSPECTOR DATE MAY - 9 1979

CONDITIONS OF APPROVAL, IF ANY: