

OF COPIES RECEIVED		
DISTRIBUTION		
NTA FE		
LE		
S.G.S.		
AND OFFICE		
OPERATOR		

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.
157

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 (Dual w/Jalmat Gas)	7. Unit Agreement Name
2. Name of Operator Atlantic Richfield Company	8. Farm or Lease Name State 157 "A"
3. Address of Operator P.O. Box 1710 - Hobbs, New Mexico 88240	9. Well No. 2
4. Location of Well UNIT LETTER J 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 9 TOWNSHIP 22S RANGE 36E NMPM.	10. Field and Pool, or Wildcat Eunice 7 Rivers QN So.
15. Elevation (Show whether DF, RT, GR, etc.) 3551' GR	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 Temporarily Abandon <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.

The above well was shut-in on April 16, 1970. The well was abandoned because it was uneconomical to produce. Plans are to plug and abandon during the 4th qtr of 1975.

Expires 10-1-76

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

SIGNED *D. J. Rick's* TITLE Dist Prod & Drlg Supt DATE 9-26-75

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: