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NO. OF COPIES RECEIVED	⊣ *	Form C-103 Supersedes Old
DISTRIBUTION		C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State X Fee
OPERATOR		5. State Oil & Gas Lease No.
	negatif	157
SUNI (DO NOT USE THIS FORM FOR USE "APPLIC	DRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)	
I. OIL GAS WELL WELL	OTHER. (Dual w/Eunice 7 Rivers QN So.)	7. Unit Agreement Name
2. Name of Operator Atlantic Richfield C	ompany	8. Farm or Lease Name State 157 "A"
3. Address of Operator		9. Well No.
P.O. Box 1710 - Hob	os, New Mexico 88240	2
4. Location of Well		10. Field and Pool, or Wildcat
	1080 South 1080	
UNIT LETTERU	1980 FEET FROM THE South LINE AND 1980 FEET FROM	Jalmat Yates Gas
	-/-	
THEEast LINE, SEC	TION 9 TOWNSHIP 22S RANGE 36E NAPH	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3551' GR	Lea
16. Chec	k Appropriate Box To Indicate Nature of Notice, Report or Ot	ther Data
		IT REPORT OF:
NOTICE OF	THE ENTION TO.	THE ORT OF
		. —
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
	OTHER Shut-in	$\overline{\mathbf{X}}$
OTHER		
	Operations (Clearly state all pertinent details, and give pertinent dates, includin	g estimated date of starting any proposed
work) SEE RULE 1103.		
The above well was	shut-in on April 1, 1971. The well was shut-in	because it was uneconomical
	are to plug and abandon during the 4th qtr of 19	
to produce. Frans	are to plug and abandon during the 4th qti of 15	10,
		res 10-1-76
	Za 14	ures 10 1 /9
	WY/	
	V.	
18. I hereby certify that the information	ion above is true and complete to the best of my knowledge and belief.	
11/1/		
HV Kich	Dist Prod & Drlg Supt	DATE 9-26-75
SIGNED	TITLE DIST Prod & Drig Supt	DATE 0 20-10
O44. 6	ioned By	
	And bk	
• ''	1180an	

CONDITIONS OF APPROVAL, IF ANY: