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

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-85

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- WIW		7. Unit Agreement Name
2. Name of Operator Atlantic Richfield Company		7. Unit Agreement Name Seven Rivers Queen Unit
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240		8. Farm or Lease Name
4. Location of Well UNIT LETTER M 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 35 TOWNSHIP 22S RANGE 36E NMPM.		9. Well No. 39
15. Elevation (Show whether DF, RT, GR, etc.) 3507' RKB		10. Field and Pool, or Wildcat So. Eunice-7RQ
12. County Lea		

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 ☒ Convert to WIW

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.

Added perfs from 3665-3675' w/2 JSPF & treated w/1500 gal 15% HCl acid.
Ran Baker AD-1 tension packer on 2-3/8" cement lined tubing.
Loaded annulus w/treated fresh water.
Set packer at 3614'.
Water injection to be in perforated interval 3665-3800'.
Work complete 12/27/73.

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

SIGNED P.D. Lutch TITLE Dist. Drlg. Supv. DATE 1/3/74

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: