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# 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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>	
5. State Oil & Gas Lease No. B-1506	
7. Unit Agreement Name	
8. Farm or Lease Name Seven Rivers Queen Unit	
9. Well No. 48	
10. Field and Pool, or Wildcat Langlie Mattix	
12. County Lea	

## 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-	
2. Name of Operator Atlantic Richfield Company	
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240	
4. Location of Well UNIT LETTER <u>D</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>3</u> TOWNSHIP <u>23S</u> RANGE <u>36E</u> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) 3494' GR	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <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.

On 1/9/75 POH w/tbg & rods. Perf'd 7Rivers Queen formation from 3742-3748'w/1JSPF. Total 7 - .44" holes. WIH w/2-3/8" tbg & FBRC. Set pkr @ 3736' & acidized 3742-3748' w/1500 gals HCL-LSTNE acid, 1 bbl S-234, MP 1600#, Min 1100#, ISIP vacuum. POH w/tbg & pkr. WIH w/completion assy & put on pumping test. On 24 hr potential test 1/15/75 pumped 5 BO, 10 BW & 0 MCFG. Final Report.

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

SIGNED H. J. Bernard TITLE Dist. Drlg. Supv. DATE 1/21/75

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: