NO. OF COPIES RECEIVED	4]			Form C-103 Supersedes Old	
DISTRIBUTION		NEW MEXICO OIL CONSE	IVED		C-102 and C-103 Effective 1-1-65	
SANTA FE		NEW MEXICO DIL CONSE	RVATION COMMISSION		Flicenag 1-1-02	
FILE	11-		. 1070	Г	Sa. Indicate Type of	f Lease
U.S.C.S.		FEB 1	4 1979		State X	Feo
LAND OFFICE				ł	5. State Oll 6 Gas 1	Leuse No.
OPERATOR	17	D. 1	C. C .		К-4942	
Cr. S.	Ĩ		OFFICE		mmm	mmm
	SUNE	DRY NOTICES AND REPORTS ON A PLUE AND FOR PERMIT - " FORM C-1011 FOR BUCK	WELLS CK TO A DIFFERENT RESERVOIR. PROPOSALS.)		7. Unit Agreement	Name
	. 🛛	OTHER-			8. Farm of Lease 1	Jame
2. Name of Operator /					ARCO "EC"	
Yates Petr	coleur	n Corporation /			9. Well No.	Diaco
2 Addinges of Depetator		•			9. Well No.	
207 South	4th S	Street - Artesia, NM	38210		10. Field and Pool	or Wildon!
t Location of Well						Creek Atoka
B		660 FEET FROM THE North	LINE AND 2310	FEET FROM	E. LAYLE	TEEK ALON
UNIT LETTER						
East		36 TOWNSHIP 175	25E			
THE	LINE, SE				71111111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
mmmmm	\overline{m}	15. Elevation (Show whether	DF, RT, CR, etc.)	•	12. County	
			3470' KB		Eddy	VIIIIII
16	77777	k Appropriate Box To Indicate N	ature of Notice, Repo	rt or Oth	ier Data	
			SUBS	EQUENT	REPORT OF:	
гои	ICE OF	INTENTION TO:				
		PLUG AND ABANDON	REMEDIAL WORK	X	ALTER	NG CASING
PERFORM REMEDIAL WORK	님		COMMENCE DRILLING OPHS.	Π	PLUG AI	ND ABANDONMENT
TE MPORARILY ABANDON			CASING TEST AND CEMENT JO	. n		
PULL OR ALTER CASING	L	CHANGE PLANS	OTHER			
OTHER						
10 December Droy cool of	Complete	d Operations (Clearly state all pertinent de	ails, and give pertinent dates	, including	estimated date of s	starting any proposed
work) SEE RULE 110	3.	• · · · · · · · · · · · · · · · · · · ·				•

Well had depleted in original Morrow perforations where well would die on line pressure. We have temporarily abandoned perforations 8338-8365' and recompleted in the Lower Morrow with perforations at 8430-8441', Guiberson Uni-VI packer at 8386', and the old perforations in the annulus. Well flowed natural 175 psi on 1/2" choke = 1200 MCFPD.

13. I hereby certify that the information above is true and complete	to the best of my knowledge and belief.		
SIGNED Salach histoph		DATE	2-13-73
SIGNEDUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU			
Wa Susset	SUPERVISOR, DISTRICT I	DATE	FEB 1 5 16/9
APPROVED BY UNIT A CONSCI	117LE		

CONDITIONS OF APPROVAL, IF ANY: