

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
OPERATOR	1

RECEIVED

APR 12 1979

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-3814
7. Unit Agreement Name
8. Farm or Lease Name Beauregard Com
9. Well No. 1
10. Field and Pool, or Wellcat Undesignated East Atoka Morrow Gas
12. County Eddy

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.

OIL ☐ GAS ☒ OTHER ☐

1. Name of Operator
ARCO Oil & Gas Company
Division of Atlantic Richfield Company

2. Address of Operator
P. O. Box 1710, Hobbs, New Mexico 88240

3. Location of Well
UNIT LETTER K 1980 FEET FROM THE South LINE AND 1980 FEET FROM
THE West LINE, SECTION 23 TOWNSHIP 18S RANGE 27E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3515.3' GR

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Change in Operator Name

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 operator name changed from Atlantic Richfield Company to ARCO Oil & Gas Company - Division of Atlantic Richfield Company effective 4-1-79. Please note your records accordingly.

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

SIGNED W. A. Gussett TITLE Dist. Dir. Supt. DATE 4-11-79

APPROVED BY W. A. Gussett TITLE SUPERVISOR, DISTRICT II DATE APR 16 1979

CONDITIONS OF APPROVAL, IF ANY: