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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

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DEC - 6 1978

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT DEPTH. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

ARTESIA, OFFICE

OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER <input type="checkbox"/>	5a. Indicate Type of Lease State <input type="checkbox"/> Federal <input type="checkbox"/> Fee <input type="checkbox"/>
1. Name of Operator Atlantic Richfield Company ✓			5. State Oil & Gas Lease No.
2. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240			7. Unit Agreement Name
3. Location of Well UNIT LETTER <u>N</u> <u>990</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM THE <u>West</u> LINE, SECTION <u>35</u> TOWNSHIP <u>18S</u> RANGE <u>31E</u> N.M.P.M.			8. Farm or Lease Name East Shugart Unit
			9. Well No. 24
			10. Field and Pool, or Wildcat Shugart Yates 7R0 Grbg.
15. Elevation (Show whether DF, RT, GR, etc.) 3629' CTF			12. County Eddy

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 JOB ☐  
OTHER Piped Bradenhead to Surface ☒

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 11/20/78 the bradenhead was piped to surface as directed by the Oil Conservation Division.

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U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED [Signature] TITLE Sr. Dist. Prod. Supvr. DATE 11/20/78

APPROVED BY [Signature] TITLE OIL AND GAS INSPECTOR DATE DEC 12 1978

CONDITIONS OF APPROVAL, IF ANY: