

CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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SUNDY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN A WELL BACK TO A DIFFERENT DEPTH OR TO CHANGE THE LOCATION OF A WELL. USE APPLICATION FOR PERMIT TO DRILL (FORM C-101) FOR SUCH PROPOSALS.

MAY 4 1979

1. Name of Operator ARCO Oil and Gas Company Division of Atlantic Richfield Company		2. Unit Agreement Name O. C. C. ARTEBIA, OFFICE	
3. Address of Operator Box 1710, Hobbs, New Mexico 88240		8. Farm or Lease Name State CB Com	
4. Location of Well UNIT LETTER 0 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 29 TOWNSHIP 19S RANGE 28E NMPL.		9. Well No. 1	
10. Field and Pool, or Well at Undesignated Winchester Morrow Gas		11. Elevation (Show whether DF, RT, GR, etc.) 3382.05' GR	
12. County Eddy			

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

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☒ Squeeze Cmt & Perf Upper Morrow & Treat	CASING TEST AND CEMENT JOB ☐	OTHER ☐

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.

Propose to squeeze cmt present Morrow gas perms 11,025-11,029' & perf Upper Morrow & treat in the following manner:

1. Rig up, kill well, install BOP, POH w/tbg & pkr.
2. RIH w/cmt retr, set retr @ 10,950'.
3. Cmt squeeze perms 11,025-11,029' w/50 sx LWL cmt & 25 sx C1 H cmt w/.5% CFR-2, 3# salt/sk.
4. Perforate Upper Morrow 10,772-10,832'.
5. Acidize perms 10,772-10,832' w/3000 gals 7-1/2% MSA & friction red clay stabilizer corr inhibitor followed by 1134 gals 2% KCL, 104,000 SCF N₂.
6. Acidize w/20,000 gals 7-1/2% MS acid cont'g inhib, foamer, gel friction red & 27,500# 20/40 sd plus 8000 gals CO₂ flushed w/43.4 bbls KCL wtr. Swab back load & complete.

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

SIGNED <i>[Signature]</i>	TITLE Dist. Drlg. Supt.	DATE 5/2/79
APPROVED BY <i>[Signature]</i>	TITLE SUPERVISOR, DISTRICT II	DATE MAY - 4 1979
CONDITIONS OF APPROVAL, IF ANY:		