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LAND OFFICE	
OPERATOR	/

5a. Indicate Type of Lease  
State  Fee   
5. State Oil & Gas Lease No. 648

RECEIVED

MAY 4 1979

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 TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

1.  OIL WELL  GAS WELL  OTHER

2. Name of Operator: **ARGO Oil and Gas Company**  
Division of Atlantic Richfield Company

3. Address of Operator: Box 1710, Hobbs, New Mexico 88240

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 NMPM.

7. Unit Agreement Date

8. Farm or Lease Name: State CB Com

9. Well No. 1

10. Field and Pool, or Widest: Undesignated Winchester Morrow Gas

11. Elevation (Show whether DF, KF, GR, etc.): 3382.05' GR

12. County: Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK  PLUG AND ABANDON  Upper Morrow Gas

TEMPORARILY ABANDON  CHANGE PLANS

FULL OR ALTER CASING  OTHER

SUBSEQUENT REPORT OF:

REMEDIATION WORK  ALTERING CASING

COMMENCE DRILLING OPNS.  PLUG AND ABANDONMENT

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 P&A Upper Morrow Gas zone 10772-10832' in the following manner:

1. Rig up, kill well, install BOP.
2. RIH w/pkr, set pkr @ 10,700', establish inj rate into perms 10772-10832'.
3. Squeeze cmt perms 10,772-10,832' w/150 sx C1 H cmt cont'g .4% retarder. WOC.
4. Press test squeeze job. Recomplete to Atoka Gas.

Recompletion to Atoka Gas reported separately on Form C-101.

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

SIGNED [Signature] TITLE Dist. Drlg. Supt. DATE 5/2/79

APPROVED BY [Signature] TITLE SUPERVISOR, DISTRICT II DATE MAY - 4 1979

CONDITIONS OF APPROVAL, IF ANY: