

NEW MEXICO OIL CONSERVATION COMMISSION

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

50. Indicate Type of Lease
 State Fee

51. State Oil & Gas Lease No.
 B-1506

7. Unit Agreement Name
 Seven Rivers Queen Unit

6. Farm or Lease Name

9. Well No.
 49

10. Field and Pool, or Wildcat
 Langlie Mattix 7R0n

12. County
 Lea

SUNDARY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR OPERATIONS TO BE MADE TO WELLS OR TO BEING MADE TO A DIFFERENT RESERVOIR.
 USE APPLICATION FOR PERMIT TO DRILL EXPLORATION FOR OIL OR GAS)

1. OIL WELL GAS WELL OTHER - WIW

2. Name of Operator
 Atlantic Richfield Company

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

4. Location of Well
 UNIT LETTER E 1980 FEET FROM THE North LINE AND 660 FEET FROM
 THE West LINE, SECTION 3 TOWNSHIP 23S RANGE 36E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
 3483' 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 <u>Repair hole in casing</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

- Rig up, install BOP, POH w/cmt lined tbg.
- Run CBL & csg inspection log.
- Spot sd across perms 3676-3744'. Fill to 3665'.
- Pump into hole in csg; if unable to pump, perf 4 - 1/2" squeeze holes @ 3651-52'.
- Squeeze holes w/150 sx Cl C cmt cont'g 6/10 of 1% Halad-9 followed by 100 sx Cl C cmt cont'g 2% CaCl.
- Drill out cmt & press test.
- Run cmt lined tbg & resume injection.

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 3/2/78

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: