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NAME OF PICE    SUNDRY NOTICES AND REPORTS ON WELLS   State of the sta	NO. OF COPIES RECEIVED	© <b>∑</b>	OFFICE O. C. C.	•	Form C-103
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Atlantic Richfield Company Address of Operator P. O. Box 1978, Roswell, New Mexico 88201    Discretion of Wall Company   Discretion   D	1 XI	OTUED.	•		, out ignoment (value
P. O. Box 1978, Roswell, New Mexico 88201  P. O. Box 1978, Roswell, New Mexico 88201  DOTT LETTER H 1980  THE EAST LIMI, SECTION 34  TOTAL SHOW Whether DF, RT, GR, stc.)  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  SUBSEQ	Name of Operator	OTRERS.			8. Farm or Lease Name
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NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  PLUG AND ABANDON   REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   PLUG AND ABANDON   PLUG AND		4194	F Gr.		COOSEVETS VIIIIII
OCD EXERCIT NO. 7 12951  I hereby certify that the information above is true and complete to the best of my knowledge and belief ASE NO.  NED DISTRICT Drlg Supervisor DATE  PROVED BY AND TITLE DISTRICT DRLG Supervisor DATE  DATE	Describe Proposed or Completed Optwork) SEE RULE 1708.  Started recompl and capped w/10 Tested plug to from 4139-42, 4 2" J-55 tubing bottomed @ 4089 tions w/500 gal @ 1200 psi. Sw 24 hour test en	erations (Clearly state of cement 2000#. OK. 156-57, 4185 & hookwall plants 15% much abbed well inding @ 8:00	casing test and cother Recording to the	ent dates, including of 1968. Set PBD is no San Andres rr. Log). holddown. Treated ons 15% HCl or several lowed gas a 25 BO & 89	estimated date of starting any proposed  CIBP @ 4256' WLM  W 4246'.  W/2 JSPF  Ran 132 jts  Tubing  above perfora- acid @ 4.7 BPM  days. On at rate of  BSW.
OCD EXERCIT NO. 7 12951  I hereby certify that the information above is true and complete to the best of my knowledge and belief ASE NO.  NED DISTRICT Drlg Supervisor DATE  PROVED BY AND TITLE DISTRICT DRLG Supervisor DATE  DATE					A SERVICE OF A STATE OF THE SERVICE
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I hereby certify that the information above is true and complete to the best of my knowledge and belief. ASE NO.  NED DISTRICT Drlg Supervisor DATE  TITLE DISTRICT Drlg Supervisor DATE  PROVED BY DATE				OCD	EXPLOIT NO
I hereby certify that the information above is true and complete to the best of my knowledge and belief ASE NO.  NED DISTRICT Drlg Supervisor DATE 5-14-68					12951
PROVED BY DATE DISTRICT Drlg Supervisor DATE DATE	I hereby certify that the information	above is true and comple	ete to the best of my knowledge and	belief.ASE NO	
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