	-	
NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE		
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State Fee X
OPERATOR		5. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PR USE "APPLICA	RY NOTICES AND REPORTS ON WELLS oposals to drill or to deepen or plug back to a different reservoir. tion for permit - " (form C-101) for such proposals.)	
1. OIL GAS GAS WELL	OTHER- P&A	7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Atlantic Richfie	S. E. Anderson	
P. O. Box 1978, Roswell, New Mexico 88201		9. Well No. 1-Y
4. Location of Well		
	1000	10. Field and Pool, or Wildcat
UNIT LETTER	1980FEET FROM THESOUTHLINE AND1880FEET FR	M Jenkins-San Andres
THE East LINE, SECT	IDN 30 TOWNSHIP 9-S RANGE 35-E NME	
	12. County	
	15. Elevation (Show whether DF, RT, CR, etc.)	Lea
^{16.} Check	Appropriate Box To Indicate Nature of Notice, Report or (Other Data
	· · · · · · · · · · · · · · · · · · ·	NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
OTHER	OTHER	
17 Departies Depared on Completed O	possible of Clearly state all postions details and size anti-	

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.

This well has been plugged & abandoned in the following manner: Spotted 30 sx Class "A" cmt from 4620-4880'. Attempted to cut 9-5/8" csg (w/nitro) @ 1016' & 751', unable to pull. Shot off 9-5/8" w/nitro @ 630' and laid down 20 jts of 9-5/8" OD 8R 32.30# H-40 ST&C casing. Set the following neat cement plugs:

20 sx from 1005-1035 20 sx from 710- 750 30 sx in & out of 9-5/8" stub @ 630' 25 sx in & out of 13-3/8" shoe @ 436' 10 sx in surface

Erected dry hole marker. 9# gel mud was left between plugs. 13-3/8" casing remains intact. Work completed 1/4/70.

Your office will be notified when location is ready for inspection.

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

SIGNED D.D. Britches	TITLE Dist. Drlq. Supervisor	DATE <u>1-7-70</u>
APPROVED BY John W. Ringen	С. н. д., Тітье	
CONDITIONS OF APPROVAL, IF ANY:		