NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old
SANTA FE	NEW MEXICO OIL CON	SERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE			
U.S.G.S.		- 17 LT 39	5a. Indicate Type of Lease
LAND OFFICE		5 T	State Fee. X
OPERATOR	I		5. State Oil & Gas Lease No.
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 -" (FORM C-101) FOR SUCH PROPOSALS.)			
l. OIL GAS WELL WELL	OTHER- Temporarily	Abandoned	7. Unit Agreement Name
2. Name of Operator			8. Farm or Lease Name
Atlantic Richfield Company 3. Address of Operator			S. E. Anderson
P.O. Box 1978, Roswell, New Mexico 88201			1-Y
4. Location of Well	980 FEET FROM THE SOUT	h 1880	10. Field and Pool, or Wildcat Jenkins-San Andres
East 30 9-S 35-E NMPM			
	15. Elevation (Show whether	r DF, RT, GR, etc.)	12. County
ŽIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			Lea
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		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JQB	
OTHER		OTHER	
17. Describe Proposed or Completed Operators) SEE RULE 1103.	erations (Clearly state all pertinent det	tails, and give pertinent dates, including	estimated date of starting any proposed
secondary recoming injection have well as follows 1. 30 sx neat 2. Shoot and part (a) 1350') 3. 30 sx neat 4. 10 sx in to (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	very from steam injection decreased and we not so that the content in 5½" liner oull 9-5/8" casing a cement half in and op of well.	out of 9-5/8" stub. Indication cleared a Work will start ab	es for steam and abandon this top of cement and levelled.
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
•			
original Signed D. D. Bretches	TITLE Di	st. Drlg. Supervisor	DATE 9-30-69
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	Amij TITLE S!	IPEPVISOR DISTRICT	DATE
	~		