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HOBBS OFFICE O.C.C.
NEW MEXICO OIL CONSERVATION COMMISSION

APR 18 11 49 AM '69

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
K-363	

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.)

1. OIL <input checked="" type="checkbox"/> WELL GAS <input type="checkbox"/> WELL OTHER- <input type="checkbox"/>	
2. Name of Operator Atlantic Richfield Company	
3. Address of Operator P. O. Box 1978, Roswell, New Mexico 88201	
4. Location of Well UNIT LETTER <u>E</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM <u>West</u> <u>17</u> TOWNSHIP <u>10-S</u> RANGE <u>34-E</u> NMPM. THE <u>West</u> LINE, SECTION <u>17</u> TOWNSHIP <u>10-S</u> RANGE <u>34-E</u> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) 4243' DF	

7. Unit Agreement Name
8. Farm or Lease Name Hanagan State
9. Well No. 1
10. Field and Pool, or Wildcat Vada-Penn
12. County Lea

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <u>Acidize</u> <input checked="" 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.

Treated well thru perfs 9914-9920 down tubing w/2000 gallons 15% LSTNE acid. Job complete @ 10:48 AM 3/6/69. Before acid job well pumped 166 BOPD. After acid job, on 3/28/69 well pumped 216 BO in 24 hrs.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>O. D. Bretches</u>	TITLE <u>Dist. Drlg. Supervisor</u>	DATE <u>4-17-69</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPERVISOR DISTRICT</u>	DATE <u>APR 21 1969</u>
CONDITIONS OF APPROVAL, IF ANY:		