NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE NEW MEXICO OIL CONSERVATION COMMISSION Effective	s Old C-103
U.S.G.S. LAND OFFICE State [X]	ype of Lease Fee
OPERATOR K 23	
	mmmn
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DESPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)	
OIL GAS WELL OTHER- Plug & Abandon	nent Name
2. Name of Operator 8. Farm or Le	ase Name
Atlantic Richfield Company State	BJ
3. Address of Operator 9. Well No.	
P. O. Box 1710, Hobbs, New Mexico 88240	Deal or Wildows
4, Location of well	Pool, or Wildcat
UNIT LETTER E 1980 FEET FROM THE North LINE AND 660 FEET FROM Vada	
THE West LINE, SECTION 9 TOWNSHIP 10S RANGE 34E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) 12. County	
4240' DF Lea	
16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF	F:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	TERING CASING
	G AND ABANDONMENT
PULL OR ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JQB	
OTHER	
	-,
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date work) SEE RULE 1103.	of starting any proposed
Plug and abandonment operations commenced on $4/15/74$. Unable to pull tbg from 19898'. Cut tbg @ 9824'. Set 50 sx cmt plug 9380-9824'. Displaced hole w/heavy cmt plug w/wireline @ 9380'. Cut $5\frac{1}{2}$ " csg w/jet cutter @ 4656'. Unable to pull. w/jet cutter @ 4250', 3950, 3650, 3350, 3050, 2750'. Pulled 2750' of $5\frac{1}{2}$ " csg. plug 4325-4750'. Set 50 sk cmt plug 3605-4172'. Set 70 sk cmt plug 2656-2880' cmt plug 1964-2188'. Cut 8-5/8" OD csg @ 1000' & pulled (30 jts). Set 140 sk 331-489'. Set 10 sk cmt plug @ surface. Welded on plate & installed regulation Clean & level location.	mud. Tagged Cut5 de csg Set 50 sk cmt Set 70 sk emt plug
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNED TITLE Dist. Drlg. Supv. DATE	

CONDITIONS OF APPROVAL, IF ANY:

John w. Rungen