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NEW MEXICO OIL CONSERVATION COMMISSION
JUL 10 11 14 AM '68

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. E-7097 |

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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/> | 7. Unit Agreement Name |
| 2. Name of Operator Atlantic Richfield Company | 8. Farm or Lease Name State "AE" |
| 3. Address of Operator P. O. Box 1978, Roswell, New Mexico 88201 | 9. Well No. 2 |
| 4. Location of Well UNIT LETTER L 560' FEET FROM THE West LINE AND 1980' FEET FROM THE South LINE, SECTION 36 TOWNSHIP 8-S RANGE 36-E NMPM. | 10. Field and Pool, or Wildcat Allison - Penn. |
| 15. Elevation (Show whether DF, RT, GR, etc.) 4064' DF | 12. County Roosevelt |

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"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER Convert to SWD Well <input checked="" type="checkbox"/> | CASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER <input 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.

We propose to temporarily abandon this well as a producer and convert to salt water disposal well in accordance with NMOCC Order No. R-3430.

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

Original Signed

SIGNED **O. D. Bretches**

TITLE **Dist. Drlg. Supervisor**

DATE **7/9/68**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: