DISTRIBUTION SANTA FE	HUBBS OFFICE OF HOR COMMISSION	Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65
FILE U.S.G.S.	APR 23 12 01 PM *69	5a, Indicate Type of Lease
DPERATOR		5. State Oil & Gas Lease No. OG-1195
	RY NOTICES AND REPORTS ON WELLS OPPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
l. OIL GAS WELL GAS	OTHER-	7. Unit Agreement Name
2. Name of Operator Atlantic Richfi	eld Company	8. Farm or Lease Name State "BF"
	Roswell, New Mexico 88201	9. Well No.
4. Location of Well UNIT LETTER B	660 FEET FROM THE North LINE AND 1980 FEE	10. Field and Pool, or Wildcat Chaveroo-San Andres
East LINE, SECTI	3 8-S 33-E	NMPM.
	15. Elevation (Show whether DF, RT, GR, etc.) 4392' DF	12. County Chaves
	Appropriate Box To Indicate Nature of Notice, Report of Notice, Re	or Other Data UENT REPORT OF:
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS.	ALTERING CASING PLUG AND ABANDONMENT
PULL OR ALTER CASING Add Perfs & A	CHANGE PLANS CASING TEST AND CEMENT JOB	
OTHER		
 Describe Proposed or Completed Or work) SEE RULE 1103. 	perations (Clearly state all pertinent details, and give pertinent dates, inc	luding estimated date of starting any proposed

Production from this well has declined to about 15 BOPD & 15% water.

In an attempt to increase production, we propose to add perforations at 4217, 4229, 4231, 4235, 4240, 4246, 4253, 4261 and 4268 (3/8" jets)

at 4217, 4229, 4231, 4235, 4240, 4246, 4253, 4261 and 4268 (3/8" jets) and treat w/10,000 gallons 28% HCl acid and ball sealers.

I here	by certify that the information above is true	and complete to the best of my knowledge and belief.	
I here	eby certify that the information above is true to Original Signed	· · · · · · · · · · · · · · · · · · ·	
	Original Signed	and complete to the best of my knowledge and belief. TITLE Dist. Drlg. Supervisor	DATE 4-22-69
	Original Signed	Dist. Drlg. Supervisor	_{вате} 4-22-69
	Original Signed O. D. Bretches	Dist. Drlg. Supervisor	DATE 4-22-69
ED	Original Signed O. D. Bretches	Dist. Drlg. Supervisor	DATE
ed	Original Signed O. D. Bretches	Dist. Drlg. Supervisor	• • • • • • • • • • • • • • • • • • •
ED	Original Signed O. D. Bretches	Dist. Drlg. Supervisor	• • • • • • • • • • • • • • • • • • •