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NEW MEXICO OIL CONSERVATION COMMISSION

MAY 2 10 40 AM '67

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

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
CG 1195

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 "K"
3. Address of Operator P. O. Box 1978 - Roswell, New Mexico	9. Well No. 5
4. Location of Well UNIT LETTER D , 330 FEET FROM THE North LINE AND 390 FEET FROM THE West LINE, SECTION 3 TOWNSHIP 8-S RANGE 33-E NMPM.	10. Field and Pool, or Wildcat Chavezco-San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 4415' DF	12. County Chaves

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 <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Temporary Abandonment

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.

This well has been temporarily abandoned by pulling rods and tubing and tubinghead. Installed swage and master valve. Well temporarily abandoned 11-10-66.

No immediate plans; well held for possible secondary recovery.

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

SIGNED *A.D. Switzer* TITLE Dist. Dirg. Supervisor DATE May 1, 1967

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: