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HOBBBS OFFICE O. C. S.
NEW MEXICO OIL CONSERVATION COMMISSION

Nov 22 11 34 AM '66

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.
OG 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Drilling		7. Unit Agreement Name
2. Name of Operator Atlantic Richfield Company		8. Farm or Lease Name State "BF"
3. Address of Operator P. O. Box 1978, Roswell, New Mexico		9. Well No. 9
4. Location of Well UNIT LETTER P , 990 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 3 TOWNSHIP 8-S RANGE 33-E NMPM.		10. Field and Pool, or Wildcat Undesignated-San Andres
15. Elevation (Show whether DF, RT, GR, etc.)		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 ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☒
CASING TEST AND CEMENT JOB ☒
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☐

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.

Moved in Verna Drilling Co. Rig #3. Spudded well at 3:30 PM 11/19/66. Drld 12-1/4" hole to 382'. Ran 11 jts 8-5/8" OD 8R 24# J-55 csg w/guide shoe & float collar = 365.52'. Set @ 376.92'. Cemented w/250 sx Incor + 2% CaCl. Plug down @ 11:00 PM 11/19/66. Cement Circulated. After 19-1/2 hrs WOC tested 8-5/8" csg to 1000# for 30 min. OK. Resumed drilling - 7-7/8" hole.

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

SIGNED **Original Signed**
A. D. Kloxin

TITLE **Dist. Drlg. & Prod. Supt.** DATE **11-21-66**

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____