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NEW MEXICO OIL CONSERVATION COMMISSION

MAR 30 11 34 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.

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- <b>Drilling Well</b>	7. Unit Agreement Name
2. Name of Operator <b>Atlantic Richfield Company</b>	8. Farm or Lease Name <b>State "BF"</b>
3. Address of Operator <b>P. O. Box 1978, Roswell, New Mexico</b>	9. Well No. <b>10</b>
4. Location of Well UNIT LETTER <b>0</b> , <b>990</b> FEET FROM THE <b>South</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE, SECTION <b>3</b> TOWNSHIP <b>8-S</b> RANGE <b>33-E</b> NMMP.	10. Field and Pool, or Wildcat <b>Wildcat</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>4402' DF</b>	12. County <b>Chaves</b>

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <b>Plugback to San Andres</b> <input checked="" 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.

The following cement plugs were set to plugback from 9190' to 4532':

9080-9180 w/ 30 sk cement plug  
8727-8927 w/ 60 sk cement plug  
8216-8316 w/ 30 sk cement plug  
7187-7287 w/ 30 sk cement plug  
4532-4732 w/ 60 sk cement plug

9.7# mud was left between all plugs.

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

Original Signed

SIGNED A. D. Kloxin TITLE Dist. Prod. & Drlg. Supt. DATE 3-29-67

APPROVED BY [Signature] TITLE Supervisor District DATE MAR 30  
CONDITIONS OF APPROVAL, IF ANY:

