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NEW MEXICO OIL CONSERVATION COMMISSION

FEB 22 1 03 PM '67

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- Drilling Well	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. 10
4. Location of Well UNIT LETTER O 990 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 3 TOWNSHIP 8-S RANGE 33-E NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 4402' 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 ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

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

ALTERING CASING ☐
PLUG AND 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.

Moved in & rigged up Warton Drilling Company, of Odessa, Texas, rotary tools. Spudded well at 11:30 AM 2/14/67. Drilled 13-3/4" hole to 1886'. Ran 58 jts of 9-5/8" OD 8R 32.30# ST&C new casing w/guide shoe and float collar = 1864.51'. Set at 1878.21' RKB. Halco cemented w/750 sx Incor + 4% gel & 2% CaCl, followed by 250 sx of Incor neat. Plug down at 2:30 PM 2/16/67. Cement circulated. WOC 20-1/2 hrs. Tested 9-5/8" casing to 1000# for 30 min. OK & job complete at 11:30 AM 2/17/67. Resumed drilling - 8-3/4" hole.

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	Dist. Drlg. Supervisor TITLE _____	2-21-67 DATE _____
APPROVED BY _____	COPIES _____ TITLE _____	DATE FEB 23 1967
CONDITIONS OF APPROVAL, IF ANY:		

