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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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.	
K-4649	
7. Unit Agreement Name	
8. Farm or Lease Name	
Bell State	
9. Well No.	
1	
10. Field and Pool, or Wildcat	
Cato-San Andres	
12. County	
Chaves	

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"/>
2. Name of Operator
Atlantic Richfield Company
3. Address of Operator
P. O. Box 1710, Hobbs, New Mexico 88240
4. Location of Well
UNIT LETTER <u>B</u> , <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM
THE <u>East</u> LINE, SECTION <u>32</u> TOWNSHIP <u>8S</u> RANGE <u>30E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
4137' GR

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

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

The above well was shut-in during month of October, 1973. Immediate plans are to either plug and abandon or restore to production within the next few months.

Expired
10/1/75

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

SIGNED Joe D. [Signature] TITLE Dist. Prod. & Drlg. Supt. DATE October 31, 1974

APPROVED BY _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: