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HOOBS OFFICE D.C.G.
NEW MEXICO OIL CONSERVATION COMMISSION
JUN 4 11 44 AM '68

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.
7. Unit Agreement Name
8. Farm or Lease Name State "R"
9. Well No. 2
10. Field and Pool, or Wildcat Saunders-Penn.
12. County Lea

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 1978, Roswell, New Mexico 88201
4. Location of Well UNIT LETTER A 660 FEET FROM THE North LINE AND 660 FEET FROM East 27 LINE, SECTION 14-S TOWNSHIP 33-E RANGE 33-E NMMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4206' DF

18. 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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <u>Acidize</u> <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.

Treated perforations 9802-9876 w/10,000 gallons 15% HCl acid w/LSTNE added + 190 RCN ball sealers. Minimum TP 2500#, Maximum TP 3700#, FTP 0#. Swabbed and recovered 124 BAW & 36 BLO. Re-ran Kobe pump and resumed pumping. Last test prior to WO well pumped 8 BO & 14 BW. On 24 hr test 6 days after recovering all of LO & acid water, well pumped 26 BO & 74 BW. Work started 5/22/68, complete 5/28/68.

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 6/3/68

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: