| NO. OF COPIES RECEIVED  |                             |   |  |   |                                 |  | î  |                                     | Form C-103  | נוס                             |                   |  |
|---|-----------------------------|---|--|---|---------------------------------|--|--|-------------------------------------|---|---------------------------------|-------------------|--|
| DISTRIBUTION  |                             |   |  | ICO OIL CO                                  | Hij                             | BBS DEE  | <b></b>  |                                     | Supersedes (<br>C-102 and C                                 |                                 |                   |  |
| SANTA FE  |                             |   | NEW MEX                                  | ICO OIL CO                                  | NSERV                           | ATION CO   | WINISPIENC   |                                     | Effective 1-1   | -65                             |                   |  |
| FILE  |                             | Ori                                       | 8x2cc:                                   | Little 140                                  |                                 | <b>3</b>   |  | <b></b>                             | 1 1) t - The  |                                 | <del></del> 1     |  |
| U.S.G.S.  |                             |   | cc:                                      | Souther                                     | n neg                           | gion Avig  | AMPICO   | 50                                  | i. Indicate Typ   |                                 | ee Nx             |  |
| LAND OFFICE   | $\perp \perp$               |   | cc:                                      | Partner                                     | S                               |  | 03   | -                                   | State Oil & C   |                                 |                   |  |
| OPERATOR  | $\perp$                     |   | cc:                                      | file  |                                 |  |  | )*                                  | Sidle Off & C   | ids Fedse Mo                    | •                 |  |
|   |                             |   |  |   |                                 |  |  |                                     | mm  | mm                              | mm.               |  |
| 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.) |                             |   |  |   |                                 |  |  |                                     | Unit Agreeme  | ent Name                        |                   |  |
| oil GAS OTHER- Plug and Abandon   |                             |   |  |   |                                 |  |  |                                     |   |                                 |                   |  |
| 2. Name of Operator ATIANTIC RICHFIELD COMPANY  |                             |   |  |   |                                 |  |  |                                     | 8. Farm or Lease Name<br>Rosa Shults                        |                                 |                   |  |
| 3. Address of Operator P. O. Box 1920, Hobbs, New Mexico 88240  |                             |   |  |   |                                 |  |  |                                     | 9. Well No.   |                                 |                   |  |
| 4. Location of Well   |                             |   |  |   |                                 | LINE AND   | 330  | T FROM                              | o. Field and F<br>Gladiole                                  | •                               |                   |  |
|   |                             | ECTION                                    |  |   |                                 |  |  | NMPM.                               |   |                                 |                   |  |
| THE   | LINE, S                     |   |  |   |                                 |  |  |                                     |   |                                 | 777773            |  |
|   | IIII                        |   | 15. Elevation                            | on (Show when                               |                                 |  | .)   | 1                                   | 2. County   |                                 |                   |  |
|   |                             |   |  |   | 3876                            | GR GR  |  |                                     | Lea   |                                 | 777777            |  |
| 16.   |                             |   |  | To Indicat                                  | e Natu                          | ire of Not   | ice, Report  |                                     | Data<br>REPORT OF   | <b>:</b> •                      |                   |  |
| NOTE  | CE O                        | F INTENTIO                                | N TO:                                    |   |                                 |  | 305554   | 02111                               |   | •                               |                   |  |
| PERFORM REMEDIAL WORK   | ٦                           |   | PLUG /                                   | AND ABANDON                                 | □   RE                          | EMEDIAL WORK                                       | , [  | 7                                   | ALT!  | ERING CASING                    |                   |  |
| TEMPORARILY ABANDON   | =                           |   |  | •   | -                               | MMENCE DRIL  | LING OPNS.   | Ĩ                                   | PLUC  | AND ABANDON                     | IMENT X           |  |
| PULL OR ALTER CASING  | ٦                           |   | CHANG                                    | E PLANS                                     | c_                              | SING TEST AN                                       | ID CEMENT JOB  | j                                   |   |                                 |                   |  |
|   |                             |   |  |   |                                 | OTHER  |  |                                     |   |                                 | []                |  |
| OTHER   |                             |   |  |   | $\Box$                          |  |  |                                     |   |                                 |                   |  |
| 17. Describe Proposed or C. work) SEE RULE 1603. Set C.I. Plug 3 9402-9403! w/4-3 9403! w/150 sks. off 0 4600! and in top of 5-1/2" Spotted 10 sks. Installed regula                                    | /8"<br>Inco<br>pull<br>OD c | holes. So r plus 3/2 ed. Fille asing stul | et C.I.<br>4 of 1%<br>ed hole<br>b & 2be | Ret. @ :<br>CFR2 Ma:<br>w/heavy<br>ove bott | y 350°<br>x. Pr<br>mud<br>om of | and cemess. 300<br>laden ma<br>9-5/850<br>d 13-3/8 | ment squee<br>00#, Min. (<br>Aterial. (<br>DD casing (<br>B*OD casin | 2200m.<br>Spotte<br>2 1393<br>g and | ru Casing<br>Shot 5.<br>d 85 sach<br>1. (4600-<br>cellar \$ | -1/2"0D<br>ks cemen<br>-4393'). | casing<br>t到4600! |  |
| 18. I hereby certify that the   | inform                      | nation above is t                         | true and con                             | nplete to the b                             | pest of m                       | ny knowledge                                       | and belief.  |                                     |   |                                 |                   |  |
| SIGNED TO COL   | =                           | 11-                                       |  |   |                                 | Supe <b>ri</b> nt                                  | endent   | <del></del> -                       | DATE  | <b>5-</b> 28-69                 |                   |  |
| 01  |                             | Rem                                       | yar                                      |   |                                 | Geo  | logist,  |                                     | DATE  | JUL 2                           | 6 19/1            |  |
| CONDITION OF APPROV   | AL, IF                      |   | The                                      | <b>1</b> TITLE -                            |                                 |  |  |                                     |   |                                 |                   |  |