

NEW MEXICO OIL CONSERVATION COMMISSION

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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"/>		7. Unit Agreement Name	
2. Name of Operator Atlantic Richfield Company		8. Farm or Lease Name Barnes & Golden	
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240		9. Well No. 1	
4. Location of Well UNIT LETTER <u>N</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM THE <u>West</u> LINE, SECTION <u>11</u> TOWNSHIP <u>13S</u> RANGE <u>38E</u> N.M.P.M.		10. Field and Pool, or Wildcat Bronco Siluro Dev.	
15. Elevation (Show whether DF, RT, GR, etc.) 3800' GR		12. County Lea	

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"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	Bronco Siluro Dev. only	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	


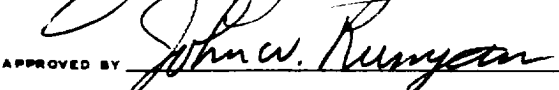
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD 11,860', PBD 11,751'. Present perms 11,672-11,750' (4 JSPF - 312 holes). Propose to P&A present perms and recomple to the Mississippian in the following manner:

1. Rig up, install BOP & POH w/tbg.
2. GIH w/cmt retr, set @ 11,600'. Squeeze cmt perms 11,672-750' w/100 sx Cl H cmt cont'g 4% gel.

Note: Recompletion procedures to Mississippian submitted on separate Form C-101.

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

SIGNED 	TITLE <u>Dist. Drlg. Supv.</u>	DATE <u>9/22/75</u>
APPROVED BY 	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		