| NO. OF COPIES RECEIVED  |   | ٦                                     |                |                                       |  | Form C-103                     |                                     |  |  |
|---|---|---------------------------------------|----------------|---------------------------------------|--|--------------------------------|-------------------------------------|--|--|
| DISTRIBUTION  |   |                                       |                |                                       |  | Supersedes Old                 |                                     |  |  |
| SANTA FE  | <del></del>   |                                       |                |                                       |  |                                | C-102 and C-103<br>Effective 1-1-65 |  |  |
| FILE  |   |                                       | 012 00110      | Zit (At 101) Commission               |  | 21.001.10 1-1-00               | ,                                   |  |  |
| U.S.G.S.  |   | 7                                     |                |                                       | 5a.                                    | Indicate Type o                | of Lease                            |  |  |
| LAND OFFICE   |   |                                       |                |                                       |  | State X                        | Fee 🗌                               |  |  |
| OPERATOR  |   |                                       |                |                                       | 5. S                                   | state Oil & Gas                | Lease No.                           |  |  |
| <u></u>   |   |                                       |                |                                       |  | B-10640                        |                                     |  |  |
| 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.  | JE AFFERE   | TION TOK FERMIT = TOKM C              | 1-1017 FOR 350 | , , , , , , , , , , , , , , , , , , , | 7. U                                   | Jnit Agreement                 | Name                                |  |  |
| 011 6   | ELL .   | отнея. Explorat                       | ory (Tem       | porarily Abandoned)                   | y F                                    | farm or Lease ?                | l'ane                               |  |  |
|   |   |                                       |                |                                       |  | 6.7 a ii 5. Ecase waine        |                                     |  |  |
| Atlantic Richfield Company  3. Address of Operator  |   |                                       |                |                                       |  | Ramco WN State 9. Well No.     |                                     |  |  |
| P. O. Box 1710, Hobbs, New Mexico 88240   |   |                                       |                |                                       |  | 1                              |                                     |  |  |
| 4. Location of Well   |   |                                       |                |                                       |  | 10. Field and Poor, or Wildcat |                                     |  |  |
| UNIT LETTER M 660 FEET FROM THE SOUTH LINE AND 660 FEET FROM  |   |                                       |                |                                       |  | Undesignated                   |                                     |  |  |
| ONLY CELLER   |   | reet rivoritie                        |                | 7                                     | 111                                    |                                |                                     |  |  |
| West  |   | rion 36 towns                         | 168            | 36 F                                  | , NMPM.                                |                                |                                     |  |  |
| THE WEST  | LINE, SECT  | rion rowns                            | H16            | HANGE                                 | NMPM.                                  |                                |                                     |  |  |
| 15. Elevation (Show whether DF, RT, GR, etc.)   |   |                                       |                |                                       |  | County                         | 744444                              |  |  |
|   |   |                                       |                |                                       |  | Lea                            |                                     |  |  |
| 16.   | 777777  | , , , , , , , , , , , , , , , , , , , | · · · ·        |                                       |  |                                | *11/7/1////                         |  |  |
| NO  |   | Appropriate Box To                    | Indicate N     | lature of Notice, Report of SUBSEC    |  | Data<br>PORT OF:               |                                     |  |  |
|   |   |                                       | <b></b>        | _                                     | _                                      |                                | <u>.</u> ,                          |  |  |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK  |   |                                       |                |                                       |  | ALTERING CASING                |                                     |  |  |
| TEMPORARILY ABANDON   |   |                                       |                | COMMENCE DRILLING OPNS.               |  | PLUG AN                        | D ABANDONMENT                       |  |  |
| PULL OR ALTER CASING  |   | CHANGE PL                             | .ANS           | CASING TEST AND CEMENT JOB            |  |                                |                                     |  |  |
|   |   |                                       |                | OTHER Temporarily                     | z Abando                               | n                              | <b>x</b> ]                          |  |  |
| OTHER   |   |                                       |                |                                       |  |                                |                                     |  |  |
|   |   |                                       |                |                                       |  |                                |                                     |  |  |
| 17. Describe Proposed or work) SEE RULE 110   |   | Operations (Clearly state all         | pertinent det  | ails, and give pertinent dates, in    | cluding estir                          | rated date of st               | turting any proposed                |  |  |
|   |   |                                       |                |                                       |  |                                |                                     |  |  |
| The above   |   | was duilled as a                      | dus bal        | - i- 1045 t-                          |  | J J J                          | ,                                   |  |  |
|   | The above well was drilled as a dry hole in 1945 and was temporarily abandoned on May 7, 1945. Proposed to plug and abandoned well in approximately 6 months or |                                       |                |                                       |  |                                |                                     |  |  |
|   |   |                                       |                | bandoned well in app                  | proximat                               | ely 6 mon                      | iths or                             |  |  |
| when cas  | sing pul  | lling unit is ava                     | ilable.        |                                       |  |                                |                                     |  |  |
|   |   |                                       |                |                                       |  |                                |                                     |  |  |
| •   |   |                                       |                |                                       |  |                                |                                     |  |  |
|   |   |                                       |                |                                       |  |                                |                                     |  |  |
|   |   |                                       |                |                                       |  |                                |                                     |  |  |
|   |   |                                       |                |                                       |  |                                |                                     |  |  |
|   |   |                                       |                |                                       |  |                                |                                     |  |  |
|   |   |                                       |                | , , , _                               |  |                                |                                     |  |  |
|   |   | xpreg                                 | //             | 176                                   |  |                                |                                     |  |  |
|   |   | w Milela                              | 4/1            |                                       |  |                                |                                     |  |  |
|   | H   | xpiry                                 | // ,           | <b>,</b>                              |  |                                |                                     |  |  |
|   |   |                                       |                |                                       |  |                                |                                     |  |  |
|   | ,   | 7                                     |                |                                       |  |                                |                                     |  |  |
|   |   |                                       |                |                                       |  |                                |                                     |  |  |
|   |   |                                       |                |                                       |  |                                |                                     |  |  |
|   |   |                                       |                |                                       |  |                                |                                     |  |  |
| IR I hereby certify that t  | he information  | on above is true and complet          | e to the best  | of my knowledge and belief.           | ······································ |                                |                                     |  |  |
| 10. I nereby certify that t   |   | on above is true and comple;          | to the beat    |                                       |  |                                |                                     |  |  |
| 1911  |   | >                                     | <u></u> .      |                                       |  |                                |                                     |  |  |
| SIGNED THE  | -01/  | <u> </u>                              | TITLE Di       | st.Prod. & Drlg. Sup                  | ot.                                    | DATE OCTO                      | ber 31, 1974                        |  |  |
|   |   | Orio State                            |                |                                       |  |                                |                                     |  |  |
|   |   | Orig. Strain by Joe D. Remey          |                |                                       |  |                                |                                     |  |  |
| APPROVED BY   |   | Diet I c                              | TITLE          |                                       |  | DATE                           |                                     |  |  |
| ACCUATED BY   |   | - L, Supy.                            |                |                                       |  | •                              |                                     |  |  |