

OIL CONSERVATION DIVISION
P.O. BOX 1098
SANTA FE, NEW MEXICO 87501

Form C-103
Rev. 10-1-77

NO. OF COPIES RECEIVED	
DISTRICT	
SANTA FE	
FILE	
U.S.D.E.	
LAND OFFICE	
OPERATOR	

1a. Indicate Type of Lease	
State ☐	Fed ☐
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 ☒ GAS WELL ☐ OTHER- ☐		7. Unit Agreement Name
2. Name of Operator ARCO Oil and Gas Company Division of Atlantic Richfield Co.		8. Farm or Lease Name B.C. Dickinson "D"
3. Address of Operator P.O. Box 1710, Hobbs, NM 88240		9. Well No. 4
4. Location of Well UNIT LETTER <u>F</u> , <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>35</u> TOWNSHIP <u>14S</u> RANGE <u>37E</u> NMPM.		10. Field and Pool, or Wildcat Denton Devonian
15. Elevation (Show whether DF, RT, GR, etc.) 3819' 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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	OTHER ☒ Return to Production

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.

Returned to production in same zone in the following manner:

1. Rigged up, installed BOP & POH w/comp. assy.
2. RIH w/jet pump on 2-7/8" OD EUE tbg, set @ 9000'. Returned to production pumping 113 BO, 133 BW, 99 MCFG in 20 hrs.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNED <u>Eddie W. Seay</u>	TITLE <u>Engrg. Tech. Spec.</u>	DATE <u>2/14/84</u>	
Oil & Gas Inspector		FEB 16 1984	
APPROVED BY _____ TITLE _____ DATE _____			
SIGNATURE OF APPROVAL, IF ANY:			