

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

HOBBBS OFFICE  
DEC 17 11 51 AM '65

1. In what Type of Lease State <u>03</u> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name <b>B.C. Dickinson D</b>
9. Well No. <b>8</b>
10. Field and Pool, or Wildcat <b>Denton Wolfcamp</b>
12. County <b>Lea</b>

**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-

2. Name of Operator  
**The Atlantic Refining Company**

3. Address of Operator  
**P. O. Box 1978, Roswell, New Mexico 88201**

4. Location of Well  
UNIT LETTER **L**, **1980** FEET FROM THE **South** LINE AND **990** FEET FROM  
THE **West** LINE, SECTION **35** TOWNSHIP **14S** RANGE **37E** NMPM.

15. Elevation (Show whether DF, RT, CR, etc.)  
**3818 DF**

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"/> 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 JOBS <input type="checkbox"/> OTHER <u>Temporarily Abandoned</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 1703.

This well was temporarily abandoned by removing rods and tubing; and shutting in well on the surface with valves. Approved on C-102 dated 8-19-64. No future remedial work is anticipated at this time. It is anticipated this well will be included in the Denton North Wolfcamp unit effective 1-1-66.

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

Original Signed  
SIGNED O. D. Bretches **O.D. Bretches** TITLE District Drlg. Supervisor DATE December 10, 1965

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

