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NEW MEXICO OIL CONSERVATION COMMISSION

HOBBBS OFFICE O. C. C.
Form C-102
Supersedes C-92 and C-103
Effective 1-1-65
DEC 17 11 51 AM '65

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Temporarily Abandoned	7. Unit Agreement Name
2. Name of Operator The Atlantic Refining Company	8. Farm or Lease Name B. Dickinson D
3. Address of Operator P. O. Box 1978, Roswell, New Mexico 88201	9. Well No. 11
4. Location of Well UNIT LETTER F , 2310 FEET FROM THE West LINE AND 1980 FEET FROM THE North LINE, SECTION 35 TOWNSHIP 14S RANGE 37E N.M.P.M.	10. Field and Pool, or Wildcat Denton Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) 3813 DF	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 type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER Temporarily Abandoned <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 1103.

Well TA and Shut-in. No plans at present for future operations or remedial work. Form C-102 approved 11-14-55. 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 16, 1965**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

