STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
OPERATOR		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease

State ☐   Fee ☒

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.)

OIL WELL ☒   TA   GAS WELL ☐   OTHER-

7. Unit Agreement Name

Name of Operator
ARCO Oil & Gas Company
Division of Atlantic Richfield Company

8. Farm or Lease Name
T.D. Pope

Address of Operator
P.O. Box 1710, Hobbs, New Mexico 88240

9. Well No.
9

Location of Well

UNIT LETTER ___C___, ___1650___ FEET FROM THE ___West___ LINE AND ___660___ FEET FROM

THE ___North___ LINE, SECTION ___36___ TOWNSHIP ___14S___ RANGE ___37E___ NMPM.

10. Field and Pool, or Wildcat
Denton Devonian

15. Elevation (Show whether DF, RT, GR, etc.)
3804' GR

12. County
Lea

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 ☐   COMMENCE DRILLING OPNS. ☐   PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐   CHANGE PLANS ☐   CASING TEST AND CEMENT JOB ☐

                                                         OTHER _____

OTHER ___Cancel Previous Intent - TA___ ☒

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.

Notice of Intention to perforate additional Devonian, acidize and return to Production – as approved on 12-15-80 will not be done. Please cancel. The above well is to remain shut-in. The date of shut-in status was 11-1-76 because the well was uneconomical to produce. Temp. Abandoned.

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

SIGNED _W.D. McDaniel of J.W. Schmidt_   TITLE ___Dist. Drlg. Supt.___   DATE ___5-4-81___

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Effective 11/1/75 (2)