

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.C.S.	
LAND OFFICE	
OPERATOR	

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.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER-	7. Unit Agreement Name
2. Name of Operator ARCO Oil & Gas Company Division of Atlantic Richfield Company	8. Farm or Lease Name T. D. Pope
3. Address of Operator Box 1710, Hobbs, New Mexico 88240	9. Well No. 9
4. 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 N.M.P.M.	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 ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

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.

1. Rig up, kill well, install BOP, POH w/compl assy, CO to 12,643' PBD.
2. RIH w/RBP, set @ approx 12,250'. Press test tbg/csg annulus to 1500# 30 mins. If leak found, cmt squeeze & press test csg.
3. RIH w/pkr, set pkr @ Approx 12,250', acidize perms 12,259-12,460' w/1500 gals 15% HCL-NEA-FE acid. POH w/tbg & pkr.
4. RIH w/compl assy, test & return to production.

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

SIGNED Jerry W. Sexton TITLE Dist. Drlg. Supt. DATE 12/8/80
Orig. Signed by
Jerry Sexton
APPROVED BY Dist. I. Supr. TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: