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NEW MEXICO OIL CONSERVATION COMMISSION

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

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Atlantic Richfield Company		8. Farm or Lease Name C.S. Stone
3. Address of Operator P. O. Box 1978, Roswell, New Mexico 88201		9. Well No. 2
4. Location of Well UNIT LETTER <u>F</u> , <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>22</u> TOWNSHIP <u>15-S</u> RANGE <u>38-E</u> NMPM.		10. Field and Pool, or Wildcat Medicine Rock-Dev.
15. Elevation (Show whether DF, RT, GR, etc.) 3733' GR		12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

PLUG AND ABANDON	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>	PLUG AND ABANDONMENT	<input type="checkbox"/>
CASING TEST AND CEMENT JOBS	<input type="checkbox"/>	OTHER	<input checked="" type="checkbox"/> Lower Pump & Acidize

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.

Production from this well averaged 12 BOPD + 50 BWPD. On 10/6/61 dump treated Devonian perms w/250 gallons of 15% HCl acid & lowered hydraulic pumping equipment from 9560' to 12644'. On 24 hr test ending @ 7:00 AM 10/19/71 well pumped 174 BO & 121 BW.

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

SIGNED <u>P.D. Dutcher</u>	TITLE <u>Dist. Drlg. Supervisor</u>	DATE <u>10/26/71</u>
APPROVED BY <u>Ramey</u>	TITLE <u>1, Supv.</u>	DATE <u>10/26/71</u>
CONDITIONS OF APPROVAL, IF ANY:		