

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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 <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-11454	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEEN 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 ARCO Oil and Gas Company, Division of Atlantic Richfield Co.		8. Farm or Lease Name Eddy Lea State NCT-B Com	
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240		9. Well No. 1	
4. Location of Well UNIT LETTER <u>L</u> <u>3600</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>2</u> TOWNSHIP <u>16S</u> RANGE <u>32E</u> NMPM.		10. Field and Pool, or Wildcat Anderson Ranch Wolfcamp North	
15. Elevation (Show whether DF, RT, GR, etc.) 4306.5' 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"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <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 JOB <input type="checkbox"/>	Shut-In <input checked="" type="checkbox"/>
OTHER <input 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.

On 10/19/86 well produced 1/2 BOPD & 1 MCFGPD. Closed tubing and casing valves on well head. Well shut-in effective 10/22/86 pending evaluation. Final Report.

copy 10/22/86

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

SIGNED <u>Eddie W. Seay</u>	TITLE <u>Area Production Supt.</u>	DATE <u>10/27/86</u>
APPROVED BY <u>Oil & Gas Inspector</u>	TITLE _____	DATE <u>OCT 30 1986</u>
CONDITIONS OF APPROVAL, IF ANY:		